



SANTA ROSA COUNTY DEVELOPMENT SERVICES

6051 Old Bagdad Highway, Suite 202 | Milton, Florida 32583

Authorization to Obtain Permits

This is to certify that the persons whose signatures appear below are authorized **full permitting privileges** on my behalf including signing permit applications and picking up permits and/or plans.

(Print Name)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Signature)

I further submit that I am knowledgeable of Chapter 489, Florida Statutes. I understand that the Construction Industry Licensing Board and the respective Santa Rosa County Licensing Board have the power and the authority to discipline a license holder for violations committed by him, his agents, officers or employees, and that I have full responsibility for compliance with all statutes, codes and laws inherent to the privilege granted by issuance of such permits.

(Print Name of Licensee)

Witnessed by Building Inspection Employee

(Signature of Licensee)

Identification Number _____
 Drivers License ID Card Military ID Other

(State License Number)

OR
NOTARY

State of _____
County of _____

Sworn to me on this _____ day of _____, 20____, _____
_____, personally appeared before me and is personally known or produced _____
_____ as identification.

Notary Public

(Seal)