

**Leon County Contractors' Licensing
and Examination Board
435 N. Macomb Street, 2nd floor
Tallahassee, FL 32301
Phone: (850) 606-1300
Fax: (850) 606-1301**

AUTHORIZED AGENT PERMIT FORM

This form is to authorize the below named person(s) to apply for and obtain building permits, as well as complete projects under **license number** _____.

Company Name _____.

_____ ► This authorization is for one time use at the following address:

_____ ► This authorization is for all permits at any location.

Authorized Agent

Authorized Agent

Authorized Agent

Authorized Agent

**THIS AUTHORIZATION WILL BE EFFECTIVE UNTIL WHICH TIME IT IS
WITHDRAWN IN WRITING BY THE LICENSED CONTRACTOR.**

License Holder

Date Signed

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally know to me, or who has
produced _____ as identification and who did (did not) take an oath.

Signature of Notary/Deputy Clerk

Type or Print Name