



City of Palmetto
 Building Department
 600 17th Street West
 Palmetto, Florida 34221
 PHONE: (941) 721-2166 • FAX (941) 723-4539

DATE: _____

FROM: _____

COMPANY NAME: _____

RE: **AUTHORIZATION FOR MY EMPLOYEE (S) TO ACT AS MY AGENT**

My **Employee(s)** _____ is/are
 hereby duly authorized to act as my agent(s) in securing _____ permits in
 the City of Palmetto. I understand that I am fully responsible for any work done by my agent(s).

 Signature of the License Holder

 State License Number/Registered

 Type/Print Name of the License Holder

 Signature Date of Authorization

 Type/Print Name of Agent 1

 Signature of the Agent

 Type/Print Name of Agent 2

 Signature of the Agent

County of _____
State of Florida

Sworn and subscribed before me on this _____ day of _____, 20_____,
 by _____ who produced _____ as identification
 or is personally known to me and attests to the validity of this authorization letter.

Notary Signature _____ My Commission Expires _____

Notary Stamp: