



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
 Building Code Administration
 124 Mendenhall Building "A"
 Tallahassee, Florida 32306-4154
 Phone: 850.644.7686 Fax: 850.644.4238 Web: www.safety.fsu.edu

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

This authorization deletes all previous names on file with Florida State University. This is to certify that the below listed person(s) whose signature(s) appear below is/are employed by me and authorized to sign for permits and inspections in my name. **The person granting authorization is responsible for all permits pulled and work done.**

1. _____ (Printed Name) _____ (Signature)
2. _____ (Printed Name) _____ (Signature)
3. _____ (Printed Name) _____ (Signature)

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

 Printed Name Signature (Must be Notarized)

 Company Name Telephone Number

 State/County Contractor's License Number

If at any time any person(s) you have authorized to sign for permits or do business in your name is (are) no longer in your employ, you must submit an updated, authorized list deleting and/or adding authorized personnel. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

STATE OF _____
 COUNTY OF _____

 PERSONALLY KNOWN Personally appeared before me on this _____ Day of _____, _____
 I.D. SHOWN

My commission expires: _____

Notary Public