

Agent Authorization

For the purposes of dropping off/picking up permits and calling for inspections, it is requested that the individual listed below is an authorized agent on behalf of:

Company Name:	
Agent Name:	
Phone:	Alt Phone:
Email:	
	must be signed by the qualifier. The authorization rized and shall remain in effect until terminated by the
	lved in the granting of this agency and accepts ful harmless) for say and all of the actions of the agent(s) aforementioned company.
Qualifier Name (Please Print)	
Qualifier Signature	Date
NOTARY STATE OF	
COUNTY OF	
Before me, this day of, 20, person Who executed this foregoing instrument, and acknowledge therein expresses. □ Personally Known or □ Produced ID:	
Signature of Notary Public - State of	My Commission Expires: