



CITY OF LARGO

Community Development Department
Building Division 727-586-7488

Contractor Letter of Authorization

I, (Name) _____, license holder for
(Business) _____, authorize the following agents to apply
for, sign for, and pick up permits under my license number _____.

DATE: _____

Please allow only the person(s) listed below to sign. This letter of authorization supersedes all others previously on file.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Qualifier's Printed Name

Qualifier's Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

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

Notary Signature _____

Notary Stamp: