



CITY OF LYNN HAVEN Building Department

PHONE: (850) 265-2121 X 2135
buildingdepartment@cityoflynnhaven.com

CONTRACTOR AUTHORIZATION FORM

Contractor/Company Name: _____

Qualifier's Name: _____ Title: _____

License Number: _____

The following individuals are authorized to sign for permits, obtain permits, request inspections, and otherwise act on behalf of the license holder and the company identified above with activities and processes associated with building permits. I understand that it is my sole responsibility as the qualifying contractor to keep this information current and resubmit a new accurate authorization form each time a change needs to be made to the above list of individuals.

Agent Name	(please print or type)	Agent Email	Agent Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Signature of Qualifier: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 _____,

by: _____ (name of person making statement),

Notary Signature: _____

Print, Type, or Stamp Commissioned Name of Notary Public