

PERMIT PICK-UP AUTHORIZATION

CITY OF TITUSVILLE BUILDING DEPARTMENT

PLEASE SIGN, HAVE THIS FORM NOTARIZED AND THEN RETURN IT TO THE BUILDING DEPARTMENT.

CONTRACTOR COMPANY: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

(If this is for multiple permits, enter an effective date and expiration date above. Not to exceed two years.)

Completing this section limits this authorization to the job listed below.

JOBSITE ADDRESS: _____

DESCRIPTION OF WORK TO BE DONE: _____

PERMIT # _____

CONTRACTOR AUTHORIZATION

I, _____, hereby authorize
(Print name of qualifier)

_____ to sign for and pick up permits on my behalf.
(Print authorized person's name)

License # _____

(Signature of Qualifier)

This section is to be filled out by Owner-Builders only.

PROPERTY OWNER AUTHORIZATION

I, _____ hereby authorize
(Print name of owner)

_____ to sign for and pick up a permit on my behalf.
(Print authorized person's name)

(Signature of Owner)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn to and Subscribed before me this _____ day of _____ 20_____,
By _____ who is
personally known to me or produced identification. Type of Identification: _____.

(Notary Public signature)

(Print name)