

Board of County Commissioners

Okeechobee County

Building Department

1700 NW 9th Avenue, Suite A, Okeechobee, Florida 34972 (863) 763-5548



PERMIT AUTHORIZATION FORM

ORIGINAL FORM TO BE SUBMITTED WITH PERMIT APPLICATION

Qualifier name: _____ License #: _____

Business name: _____

Business address: _____

Business phone: _____ Qualifier cell: _____

I authorize the following individual(s) to act as my agent in all permitting procedures with Okeechobee County Building Department for the following project:

Project Name: _____

Project Address: _____

Or

All projects under this license until this Authorization is revoked by me in writing.

Authorized Person(s) – PLEASE PRINT CLEARLY:

I understand that I remain fully responsible and liable for all construction performed under my license.

Qualifier Signature

Date: _____

Signed and acknowledged before me on this the _____ day of _____, 20____. The above signed individual:

produced identification _____ or is personally known to me.

My Commission Expires:

Signature of Notary