

## GROWTH MANAGEMENT DEPARTMENT

201 SE 3<sup>rd</sup> Street (Second Floor), OCALA, FL 34471

Email: building@ocalafl.org; Phone: (352) 629-8421

## LETTER OF AUTHORIZATION

COMPANY		
QUALIFIER		
LICENSE # TR.	ADE	
I,, hereby authori	ze the City of Ocala Growth Mar	nagement Department
issue permits to the following, who is acting as agent to s		
designated construction trade.		
Name	Phone	
I understand that as qualifier, I take full responsibility for performed by me and/or the company I qualify.	work approved under the permit	and all work is to be
( ) This authorization is valid for the project located at		, Ocala, Florida.
( ) This authorization is valid for all permits until it is rev	oked by the qualifier.	
<ul> <li>Permits applied for online are authorized and update your information if changes ar</li> <li>This instrument must bear the notarized s</li> <li>All previous Letter of Authorization forms</li> </ul>	re needed. signature of the license hold	der.
State of	Signature of Qualifier	
County of		
The foregoing instrument was acknowledged before me by means	of physical presence or onli	ne notarization this
, day of, 20, by	, dS	101
Signature of Notary Public Print/Type/Stamp Co	mmissioned Name of Notary	
Personally Known OR Produced Identification Ty	pe of Identification Produced:	