



CITY OF PANAMA CITY BEACH

Building and Planning Department

CONTRACTOR AUTHORIZATION FORM

Qualifier's Name: _____

License Number: _____

Contractor/Company Name: _____

I authorize the following individuals to sign for permits, obtain permits, and otherwise act on my behalf with activities and processes associated with building permits:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|---------------------------------|---------------|
| _____ Signature of Qualifier | _____ Date |
|---------------------------------|---------------|

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

Notary Name/Seal _____

this _____ day of _____, 20____, Personally known or I.D. _____