



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. _____