



**City of Port Richey
6333 Ridge Road
Port Richey, Florida 34668
727-816-1900 PHONE, 727-816-1917 FAX**

PERMIT SIGNATURE AUTHORIZATION

Contractor's Name: _____
Company Name: _____
Contractor's Address: _____
Contr's City/State/Zip: _____
State Reg. No: _____
Contractor's Phone No: _____

I HEAREBY GIVE SIGNATURE AUTHORIZATION TO THE INDIVIDUAL LISTED BELOW FOR THE PURPOSE OF APPLYING FOR A CITY OF PORT RICHEY BUILDING PERMIT UNDER THE CONDITIONS INDICATED BELOW.

Contractor's Signature: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____,
By _____, who is personally known to me or who has
produced _____ (type of identification) as identification.

Signature of Notary Public

Print, Type, or Stamp Commissioned
Name of Notary Public & Expiration date

CONDITIONS:

Name of Person Authorized to sign:

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone No: _____ Fax No: _____

Expiration of Authorization:

By date: ____/____/____

OR

By site:

Site Address: _____

Project Name: _____

Authorization must be completely filled out or it will be returned, mark N/A in blanks where "NOT APPLICABLE".

