



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720

(386) 736-5929 Fax (386) 943-7096

PERMIT AUTHORIZATION

12/04

I, _____ hereby authorize
(License Holder/Please Print)

_____ to obtain a permit in my behalf
(Authorized Person – Please Print)

under my License # _____ for the job described below:

TYPE PERMIT

DESCRIPTION

Building _____

Owner _____

Electrical _____

Site Address _____

Plumbing _____

HVAC _____

Tax Parcel # _____

Roofing _____

Pool _____

Other _____

(License Holder Signature)

Date _____

State of Florida

County of _____

Affirmed and subscribed before me this _____ day of _____ 20____ by _____,

Who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public, State of Florida

Print, Type or Stamp Name of Notary

Notarial Seal