

**Permit Number (if applicable)**

 **ELECTRONIC PLAN REVIEW**

**This Authorization is:**

ONE TIME JOB-SPECIFIC for Job Address: \_\_\_\_\_

To ADD an Authorized Person(s)

To REPLACE an Authorized Person(s)

I, \_\_\_\_\_, as the Qualifier and License Holder for \_\_\_\_\_, authorize the following individual(s) to act as my agent in submitting and/or obtaining permits.

**SELECT and Option and PRINT Name of Authorized Person(s) Below:**

<i>Add Remove</i>	<b>Authorized Person</b>	<b>Portal Account Name (if Applicable)</b>	<b>Portal Account Email (if Applicable)</b>

***Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.***

Qualifier's Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by (Printed name of owner or qualifier) \_\_\_\_\_

Personally known to me  
Has produced identification \_\_\_\_\_

Per Florida Statute 117  
Do Not Photocopy  
This Page

Notary Seal

Notary Signature: \_\_\_\_\_