



**ESCAMBIA COUNTY BUILDING SERVICES
CONTRACTOR LICENSING DIVISION**

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LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION FORM SUPERCEDES ALL PREVIOUS FORMS ON FILE UNLESS OTHERWISE INDICATED AND HAS TO CONTAIN PHYSICAL SIGNATURES OF ALL PARTIES (NO E-SIGNATURES ACCEPTED).

I CONFIRM THAT THE FOLLOWING LISTED PERSON(S) ARE ON MY PAYROLL AND AUTHORIZED TO SIGN FOR PERMITS, REQUEST INSPECTIONS, AND RECEIVE CERTIFICATES OF OCCUPANCY/COMPLETION ON MY BEHALF.

	NAME OF AUTHORIZED PERSON(S)	AUTHORIZED PERSON(S) SIGNATURE
1.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
2.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
3.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
4.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
5.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
6.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
7.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	

