

**CITY OF HOMESTEAD DEVELOPMENT SERVICES
790 N. HOMESTEAD BLVD.
HOMESTEAD, FL 33030
TEL. 305-224-4500
FAX. 305-224-4539**



PERMIT AUTHORIZATION

DATE: _____

CUSTOMER: _____

ADDRESS: _____

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE _____ TO ACT AS MY AGENT FOR THE PURPOSE OF SECURING A BUILDING PERMIT FOR THE INSTALLATION OF THE ITEMS SPECIFIED IN THE ATTACHED CONTRACT. THIS AUTHORIZATION PERMITS _____ TO SIGN THE BUILDING PERMIT APPLICATION AND OWNER AFFIDAVIT (IF REQUIRED BY THE MUNICIPALITY) AS OWNER'S AGENT AND SHALL NOT BE CONSTRUED TO REPRESENT ANY OTHER AGENCY RELATIONSHIP.

SIGNED: _____

WITNESS: _____

SWORN TO AND SUBSCRIBED TO ME THIS ___ DAY OF _____, _____.

**NOTARY PUBLIC
STATE OF FLORIDA**

MY COMMISSIONS EXPIRES