

CITY OF DELAND
120 S. FLORIDA AVENUE 1ST FLOOR BUILDING DIVISION
386-626-7009 PHONE / 386-626-7135 FAX

PERMIT AUTHORIZATION

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

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

Under my License # _____ for the job described below:

Description:

Owner _____

Site Address _____

Parcel # _____

Type of Permit:

Building _____ Electrical _____

Plumbing _____ HVAC _____

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, State of Florida

Print, Type of Stamp Name of Notary

Notarian Seal: