PLANNING & DEVELOPMENT DEPARTMENT
P.O. BOX 4748 CLEARWATER, FLORIDA 33758
100 S.MYRTLE AVE. CLEARWATER, FLORIDA 33756
TELEPHONE – (727)562-4567
EMAIL: EPERMIT@MYCLEARWATER.COM

CONTRACTOR AFFIDAVIT

I, _____,
license holder for _____
authorize the following people to apply/sign for permit under my license number

_____. Please allow ONLY the persons listed below:

This letter will supersede all others.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

License Holder Signature License Holder Printed Name

State of Florida

County of Pinellas

The forgoing instrument was acknowledged before me this ____ day of _____, 20___, by _____ who is personally know to me or has produced _____ for identification.

_____

Notary Public

Updated 05.03.2016 Notary Stamp