



City of Fellsmere
 22 S. Orange Street
 Fellsmere, FL 32948
 (772) 571-9077 Phone
 (772) 646-6355 Facsimile
 (855) 445-7630 Inspection Line
www.cityoffellsmere.org

CONTRACTOR AUTHORIZATION LETTER

Date: _____ (Letters are valid for one year after issuance)

I, _____, of _____,
 do hereby authorize the following to act as my agent(s) in submitting permit applications for
 the City of Fellsmere.

Please print the name and phone number of each Authorized Agent.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I understand that I am the licensed qualifier of records responsible for the application as submitted by my agent(s), as referenced above. I further understand that each time my agent(s) submit an application and plans for electronic submittal, or signs any required documents, that the individual must exhibit this authorization form to the permitting staff upon request. I further acknowledge that this original authorization form is in my license or qualification file for legal reference purposes.

 Contractor Signature

 Contractors License Number

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20 ___ by _____ who is personally known to me or has produced _____ as identification.

 NOTARY PUBLIC