



Town of Ponce Inlet  
 Planning & Development Department  
 4300 S Atlantic Avenue  
 Ponce Inlet, FL 32127  
 Phone: (386)236-2182; Fax (386)236-2190

## SUB-CONTRACTOR AUTHORIZATION

<b>PERMIT #</b>	
<b>PARCEL ID/RE #</b>	
<b>ADDRESS</b>	
<b>OWNER Name</b>	

**Name of Company:**

This Company will be the sub identified below on the above referenced permit:

Electrical:	Elevator:
Plumbing:	Mechanical:
Pool:	Roofing:
Other:	

This letter authorizes \_\_\_\_\_  
 (Print Name of Individual)

to apply, sign, and pick-up any and all documents pertaining to this permit related to the sub discipline noted above.

This authorization becomes effective on the date this affidavit is notarized and shall remain in effect until terminated by the undersigned. This authorization acts as a durable power of attorney only for the purposes stated.

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility (thus hold Town of Ponce Inlet harmless) for any and all of the actions of the agent(s) named, related to the acquisition of permits for the aforementioned company.

\_\_\_\_\_  
 Signature and Title of Authorized Sub-Contractor (**QUALIFIER**)

NOTARY:  
 State of Florida  
 County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ as the Qualifying Contractor  
 (Print Name of Qualifier of Company)

for \_\_\_\_\_  
 (Company Name of Qualifier – not of agent)

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_ in the form of \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public – State of Florida

My commission expires (SEAL)