City of Calabasas
Building & Safety Division
Phone: (818) 878-4225
Fax: (818) 878-4208

CONTRACTOR – AUTHORIZED AGENT FORM

Company Name: _____

Contractor's Name: _____

Contractor's License No: _____

The undersigned individual(s) employed by my company are authorized by me to pull permit(s), from the City of Calabasas, on my behalf. If this list changes, we will contact your office in writing. There is no expiration date for this letter.

THE BELOW LISTED EMPLOYEES ARE AUTHORIZED TO PULL PERMITS UNDER MY CONTACTOR'S LICENSE NUMBER:

Print Name	**Signature**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Licensed Contractor **Date**

THIS DOCUMENT MUST BE NOTARIZED

STAMP NOTARY SEAL HERE (AND/OR) ATTACH SEPARATE NOTARY DOCUMENT