

Type of Identification Produced: ___

Building Division 306 NE 6th Ave, Bldg B Gainesville, FL 32601 Ph: 352-334-5050

Email: building@gainesvillefl.gov

Signature Authorization Form

I do hereby authorize the City of Gainesville Building Division to use this signature as verification to either add the following people to sign and pull permits and/ or any other documents in City of Gainesville on my behalf or be removed from signing and pulling permits and/ or any other documents on my behalf.

Print Name:		Add _	Remove
Print Name:		_ 🗆	
Print Name:		_ 🗆	
Print Name:		_ 🗆	
(Print License Holder Name)	(Signature of Lic	ense Holder)	
(Company Name)		(License #)	
The Building Division will not process any permit holder and/or their approved authorizers until the holder and changes to your authorized personal transfer in the second	nis form is completed and	d on file.	
State of Florida County of			
Sworn to (or affirmed) and subscribed before me by day of, 20			
Seal:			
		Signatu	ire of Notary Public
		Printed Nar	me of Notary Public
Personally Known OR Produced Identification			