



18001 Gulf Boulevard
 Redington Shores, FL 33708
 727.202.6825

CONTRACTOR AUTHORIZATION LETTER

Date: _____

I, _____, of _____,
 do hereby authorize the following to act as my agent(s) in submitting permit applications for
 the Town of Redington Beach and the Town of North Redington Beach.

Please print the name and email address 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 PINELLAS

The foregoing instrument was acknowledges before me this _____ day of _____,
 20 ____ by _____ who is personally known to me or has produced
 _____ as identification.

 NOTARY PUBLIC