



City of Pahokee

207 Begonia Drive
Pahokee, Florida 33476
Phone: (561) 924-5534 ext. 2003 or 2004
Fax: (561) 924-8140

Permit Authorization Form

Company Name: _____
Address: _____ City _____ St _____
Phone No. _____
State Certification/License No. _____

I hereby designate the following person(s) to pick up permits on my behalf:

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

I hereby certify that the above-authorized person understands that I am fully responsible and liable for all the acts performed under said permits.

Print (Qualifier)

Signature (Qualifier)

Type of Permit: (check one)

Building	Plumbing	Electrical	Mechanical	Roofing	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF ~ FLORIDA
COUNTY OF~ PALM BEACH

The foregoing instrument was acknowledge before me this

_____ day of _____, 20____

by _____

(Name of Person Acknowledge)

who is personally known to me or who has produced

(Type of I.D.) as identification

Notary Public

NOTE: A VALID PICTURE ID WITH A SIGNATURE WILL BE REQUIRED FROM EACH DESIGNATED PERSON.