



# LIMITED AUTHORIZATION LETTER

I, \_\_\_\_\_, of \_\_\_\_\_, authorize  
Name of person giving authorization Business or Contractors Name  
\_\_\_\_\_ to sign for me in order to obtain permit(s)  
Name of person receiving authorization

under my business or contractor's license # \_\_\_\_\_.  
Business or Contractors License #

This authorization letter is limited and valid only for the job(s) located at:

\_\_\_\_\_.

**I understand that this Limited Authorization Letter must be  
revoked in writing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online  
notarization, this \_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally  
known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Name typed, printed or stamped

\_\_\_\_\_  
Title or rank

\_\_\_\_\_  
Serial number if any