



PLANNING & DEVELOPMENT DEPARTMENT
P.O. BOX 4748 CLEARWATER, FLORIDA 33758
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TELEPHONE – (727)562-4567
EMAIL: EPERMIT@MYCLEARWATER.COM

CONTRACTOR AFFIDAVIT

I, _____, license holder for _____ authorize the following people to apply/sign for permits under my license number _____. This letter will supersede all others. Please allow ONLY the persons listed below:

Four sets of horizontal lines for listing authorized persons.

I also authorize communication for my permits via e-mail or phone call to:

E-mail: _____

Phone Number: _____

Two horizontal lines for signature and name.

License Holder Signature

License Holder Printed Name

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means * physical presence or * online notarization, this _____ day of _____ 202__ by (_____) as (_____) of (_____), who * is/are personally known to me or * who has/have produced a driver’s license as identification.

NOTARY PUBLIC

Signature: _____

My Commission expires: _____