



Citrus County Building Division

3600 West Sovereign Path

Lecanto, FL 34461

Phone: 352-527-5310

Email: permit@citrusbocc.com

Permit Authorization Form

Sub-Contractor Sign-On

Property Information: _____

Property Identification # _____ Alt. Key # _____

Site Address: _____

Number Street City State Zip

Owner's Name: _____ Phone: _____

Owner's Address: _____

Number Street City State Zip

Project Information: Residential Commercial PERMIT # _____

Describe Scope of Project: _____

I, _____, hereby authorize _____,
(Licensed Contractor) (Authorized Person's Name)

to sign any and all documents required to obtain a permit on my behalf for the job/project described

above. Company Name: _____

State License No. (if applicable): _____

Type of permit: (check one)

Building

Mechanical

Plumbing

Roofing

Electrical

Other _____

Signature: _____ Date: _____

Printed Name: _____

State of Florida
County of Citrus

Sworn to and subscribed before me this _____ day of _____, 20____, by _____

_____ who is personally known to me or who has produced _____

_____ as identification, and who did / did not take an oath.

Notary Public