



Building Division  
306 NE 6<sup>th</sup> AVE, BLDG B  
PH: 352-334-5050  
FAX: 352-334-2207  
E-MAIL: bldg@cityofgainesville.org

## Signature Authorization Form

I do hereby authorize the City of Gainesville Building Department to use this signature as verification to either add the following people to sign and pull permits and/ or any other documents in the City of Gainesville on my behalf or be removed from signing and pulling permits and/ or any other documents on my behalf.

	Add	Remove
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
(Print License Holder Name)

\_\_\_\_\_  
(Signature of License Holder)

\_\_\_\_\_  
(Company Name)

The Building Department will not process a permit application by anyone other than the license holder until this form is completed and on file.

**\*\*\*Any changes to your authorized persons will require a new form to be completed\*\*\***

State of Florida  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

Seal:

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: \_\_\_\_\_