



**Alachua County Board of County Commissioners
Department of Growth Management**

10 SW 2nd Ave., Gainesville, FL 32601
Website: <https://growth-management.alachuacounty.us>

Submit to: **Building Division**
Tel. 352.374.5243

Email: licensing@alachuacounty.us

Permit Authorizations

I hereby authorize the following person(s) to apply for permits in Alachua County for my company.

DBA: _____

License Holder: _____

License Holder Email: _____

License Number: _____

Business Address: _____

Phone Number: _____

Authorized Personnel:

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

5. Name: _____ Email: _____

Effective Dates: From: _____ To: _____

Signature of license holder: _____

The foregoing instrument was acknowledged before me by means of _____ physical presence _____ online notarization, this _____ day of _____, _____ (year)

by _____ (name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Notary Public, Commission No. (Seal) My commission expires: _____

Notary Signature: _____