



City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
P: 561-518-0111 F: 561-993-1811

Permit Authorization Form

Property Information:

City: 04 Range: _____ Township: _____ Section: _____ Subdv: _____ Block: _____ Lot: _____

Site Address: _____
Number Street City Zip

Owner's Name: _____ Phone: _____

Owner's Address: _____
Number Street City Zip

Project Information: ☐ Residential ☐ Commercial

Describe Scope of Project: _____

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

to sign any and all documents required to obtain a permit on my behalf for the
job/project described above. State Certification/License No.: _____

Type of permit: (check one)

- ☐ Building
☐ Plumbing
☐ Electrical
☐ Mechanical
☐ Roofing
☐ Other _____

Signature: _____ Date: _____

State of Florida
County of Palm Beach

Subscribed and sworn to 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 Signature: _____
Seal: