



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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

E-mail: _____

Phone Number: _____

License Holder Signature

License Holder Printed Name

State of Florida

County of Pinellas

The forgoing instrument was acknowledged before me this ____ day of _____,
20____, by _____ who is personally
know to me or has produced _____ for identification.

Notary Public

Notary Stamp

Updated 02/13/2019