



**CITY OF DELAND**  
**120 S FLORIDA AVE. DELAND FL 32720**  
**1<sup>ST</sup> FLOOR BUILDING DIVISION**  
**(386)626-7009 PHONE / (386)626-7135 FAX**

**PERMIT AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
 (License Holder – Please Print)

\_\_\_\_\_, an employee as defined in F.S. 489.103 to submit / pick up a permit on my behalf  
 (Authorized Person – Please Print)

under my License # \_\_\_\_\_ for the job described below:

**Description:**

**Type of Permit:**

Owner \_\_\_\_\_

Building\_      Electrical\_\_\_\_\_

Site Address \_\_\_\_\_

Plumbing\_\_\_\_\_      HVAC\_\_\_\_\_

\_\_\_\_\_

Roofing\_      Pool\_\_\_\_\_

Parcel # \_\_\_\_\_

Other\_\_\_\_\_

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

\_\_\_\_\_  
 (Date)

State of Florida

County of \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
 Signature of Notary, State of Florida

\_\_\_\_\_  
 Print, Type of Stamp Name of Notary

Notarian Seal: