



Contractor Authorization Statement

Permit Applicant (this section to be completed by the permit applicant):

Permit Applicant Name:	
Project Address:	
Applicant Phone:	
Applicant Email:	

Contractor (this section to be completed by the Contractor/Sub-Contractor):

The Contractor/Sub-Contractor listed below affirms their participation in the listed project Scope of Work & authorizes the Permit Applicant to use the Contractor's company name, license number, and related company information associated with the building permit application process.

This authorization is effective on the date indicated and shall remain in effect until terminated in writing. This authorization acts as a durable power of attorney limited to this building permit only.

The undersigned Licensed / Registered Contractor understands the liabilities involved in granting of this agency and accepts full responsibility (thus holds Bay County Harmless) for any and all of the actions of the agent(s) named, related to the acquisition of permits for the aforementioned company.

Contractor Company Name:	
Date:	
Contractor License Number:	
Trade / Specialty:	
Name of Contractor Qualifier:	
Signature of Contractor Qualifier:	