CITY OF CITRUS HEIGHTS

BUILDING & SAFETY DIVISION
6360 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-4760
Building@CitrusHeights.Net

AUTHORIZATION OF AGENT TO ACT ON CONTRACTORS BEHALF FOR BUILDING PERMIT RELATED ACTIVITY

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a building permit in my name.

_____
Scope of Construction Project (or Description of Work):

_____
Project Location or Address

Name of Authorized Agent (Print) _____

Telephone Number: _____ Email: _____

_____
Address of Authorized Agent

_____
Signature of Authorized Agent

I declare under penalty of perjury that I am the licensed contractor for the project listed above, and I have personally filled out the above information and certify its accuracy. I also attest that I have the correct contractor's license classification for this project, and I am in good standing with the California Contractors State License Board.

Note: A copy of the licensed contractor's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the contractor's signature.

_____
California Contractor Business Name (Print)

_____ _____
California Licensed Contractor's Signature Date

_____ _____ _____
California Contractor's License Number License Category Expiration Date

OFFICE USE

Signature Verification: ☐ Driver's License ☐ Other _____

License Verification: ☐ License is valid and correct for this project Staff Approval: _____