



AGENT AUTHORIZATION - CONTRACTOR

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY
PERMIT NO.: _____

CONTRACTOR

Owner Name: _____ License #: _____ Class: _____ Exp.: _____

Business Name (DBA): _____

Mailing Address: _____ City/State/Zip: _____

Email: _____ Phone#: _____

AUTHORIZATION OF AGENT TO ACT ON CONTRACTOR'S BEHALF

NOTE: The following Authorization form is required to be completed by the contractor only when designating an agent of the contractor to apply for a building permit or business license.

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain :

Building Permits, list any limitations: _____

Business License

Building Permit, specific address: _____

AGENT(S)

Name of Authorized Agent: _____

Phone Number: _____ Email: _____

AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

Name of Authorized Agent: _____

Phone Number: _____ Email: _____

AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

I declare under penalty of perjury that I am the California State Licensed Contractor listed above and I personally filled out the above information and certify its accuracy.

CONTRACTOR SIGNATURE _____ PRINT NAME _____ DATE _____