



CONTRACTOR AGENT AUTHORIZATION FORM

Building Department

390 Towne Centre Dr, Lathrop, CA 95330

Phone: (209) 941-7270

AUTHORIZATION OF AGENT TO ACT ON CONTRACTOR'S BEHALF FOR BUILDING PERMIT RELATED ACTIVITY

Company Name: _____

Contractor's Name: _____ Phone #: _____

License Number: _____ Email: _____

The employee(s) listed below are authorized to apply for and/or obtain City of Lathrop Building Permits on behalf of the above-identified Licensed Contractor.

The City of Lathrop Building Department may retain a copy of this form for our records. The form with the most current date shall supersede all previous authorizations on file and remain in effect until a new form is filed by the Contractor, or a written notification is submitted to the Department by the Contractor revoking any and all previous authorizations.

Authorized Employees:

	Name:	Job Title:	Contact Info:
1.			
2.			
3.			
4.			
5.			

Authorized Signature of Licensed Contractor: _____ Date: _____

A copy of the Contractor's Driver's License, Notarization Form, or other verification acceptable to the agency is required to be presented when the permit is applied for to verify the Contractor's Signature.

State of California,

County of _____

On _____ before me, _____ (Notary Public) personally appeared

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature: _____ (Seal)