



CITY OF FORT WALTON BEACH

Growth Management Department
Inspections • Building • Planning
105 Miracle Strip Pkwy SW. • Fort Walton Beach, FL 32548
850.833.9605 / 9927 www.fwb.org

Select One: New LOA ____ Addition To Existing ____ Removal ____

I, _____ (license holder name), licensed qualifier for
_____ (company name), do certify that the below
referenced person(s) listed on this form is/are employed by me directly or through an employee leasing
arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control. **License holder must provide copy of state issued
identification

Check One or Both

Print/Type Name of Person Authorized	Permitting	Inspections
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my
license and fully responsible for compliance with all Florida Statutes, Codes, and local ordinances.

**If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in
writing of the changes or submit a new letter of authorization.

License Holder Signature

Date

License Number

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me on this _____ day of _____, 20____, by _____
_____, who is personally known to me ____ or has produced identification
_____.

Type of Identification _____.

Notary's Signature

My Commission Expires