

300 Richards Blvd., 3rd Floor Sacramento, CA 95811

Help Line: 916-264-5011 CityofSacramento.org/dsd

## **Agent Authorization for Contractor**

Company Name:		
Contractor's Name: _		
License Number:		Email:
		pply for the City of Sacramento Community Development e identified licensed contractor.
form with the most cu	rrent date shall supersede a ntractor, or a written notifica	t Department may retain a copy of this form for our records. The ill previous authorizations on file and remain in effect until a new tion is submitted to the department by the contractor revoking any
application. If a copy		sponsibility to provide a copy of this form with each building permit at the time that a building permit application is filed, an agent(s) of apply for a building permit.
Print Name(s) of auth	orized employees:	
, ,		2
Authorized Signatur	re of Licensed Contractors	Doto
Authorized Signatur	e of Licensed Contractor.	Date:
		notarization form, or other verification acceptable to the agency is permit is applied for to verify the Contractor's signature**
State of California, County of		
On	before me,	(Notary Public) personally
he/she/they executed instrument the persor	the same in his/her/their aun(s), or the entity upon behal TY OF PERJURY under the	who proved to me on the basis of satisfactory evidence bed to the within instrument and acknowledged to me that thorized capacity(ies), and that by his/her/their signature(s) on the f of which the person(s) acted, executed the instrument. It is laws of the State of California that the foregoing paragraph is true
Signature	(	Seal)

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