

Inspections Department

Mark A. Fleet, Building Official 540/665-5650 Fax 540/678-0682

LETTER OF AUTHORIZATION

Date:	_
Subject: Letter of Authorization to obtain	n permits
Name of Property Owner/Contractor:	
Address of Property Owner/Contractor:	
Tax Map # (if applicable):	
Please be advised that	(Owner/Applicant name or company name)
authorizes	(individual name of/or company name) to act
as an agent on my (our) behalf in all matters rel	lated to obtaining a
(permit type, i.e. building, electric, mechanical,	, plumbing) (commercial/residential) permit.
I certify that I am the owner of the property or	an authorized employee of the business for which the permit is to be
issued.	
(Signature of Owner/Contractor)	
Phone Number:	
e-mail address:	

If you are a contractor giving multiple people/businesses authorization, be sure to include a separate sheet with that information and notate on the "authorizes" line to "see attached".