



- SUBCONTRACTOR PIN- Authorization Form

RETURN TO: Lee County Development Services DCD - Permitting Office P.O. Box 398 Fort Myers, Florida 33902 Phone (239) 533-8329 FAX (239) 485-8536

ATTN: DCD - Permitting Office

Please type or print information requested.

License Holder Name: State Lic #: Company Name: County Lic #: Address: Email: Phone #: Fax #:

THIS AGREEMENT IS FOR CONTRACTOR PARTICIPATION IN LEE COUNTY'S IVR PERMITTING SYSTEM. THE CONTRACTOR AGREES THAT THE PERSONAL IDENTIFICATION NUMBER (PIN) THAT PROVIDES ACCESS TO THE PERMITTING SYSTEM IS THE RESPONSIBILITY OF THE CONTRACTOR.

THE USE OF THE PIN IS INTENDED TO SERVE AS THE CONTRACTORS SIGNATURE AUTHORIZATION ON THE PERMIT APPLICATION. ANY USE OF THE PIN BINDS THE CONTRACTOR TO THE TERMS AND CONDITIONS THE SAME AS THE CONTRACTOR'S SIGNATURE ON THE APPLICATION.

THE CONTRACTOR HAS SOLE RESPONSIBILITY FOR THE USE AND PROTECTION OF THE PIN.

checkbox CHECK HERE, IF YOU DO NOT WANT YOUR PIN NUMBER AND SECURITY CODE MAILED TO THE ADDRESS LISTED ABOVE.

I am authorizing _____, a previously established Authorized Signer as is recognized by Contractor Licensing, to receive the PIN and Security Code associated with the Lee County IVR Permitting System.

(Qualifier) (Printed or Typed Name of Qualifier)

The foregoing instrument was acknowledged before me this _____ day of _____ 200____, by _____ who is personally known to me or who has produced _____ as identification.

(SEAL)

(Signature of Notary Public) (Printed Name of Notary Public)