*City of Miami Gardens*
**Building Department**
1515 N.W. 167th Street, Bldg. # 4
Miami Gardens, Florida 33169
305-622-8027 (office) 305-622-8557 (fax)
www.miamigardens-fl.gov

# AUTHORIZATION FORM

Date: _____

I, _____ as qualifier/owner Builder for Permit No. _____ located at _____ herby designate the following person (s) to pick up permit on my behalf:

1. _____ _____
   Print Name of Designated Person — Signature of Designated Person
   ID#:_____ — Exp: _____

2. _____ _____
   Print Name of Designated Person — Signature of Designated Person
   ID#:_____ — Exp_____

3. _____ _____
   Print Name of Designated Person — Signature of Designated Person
   ID#:_____ — Exp: _____

4. _____ _____
   Print Name of Designated Person — Signature of Designated Person
   ID#:_____ — Exp: _____

5. _____ _____
   Print Name of Designated Person — Signature of Designated Person
   ID#:_____ — Exp: _____

State of Florida — County of Dade

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20 _____, by _____ who is personally known to me or who has produced _____as identification, exp _____.

_____ _____ Seal:
Print Name of Notary Public — Signature of Notary Public

Note: A valid picture ID with a signature will be required from each designated person.