



Development Services Department

3521 NW 43rd Avenue Lauderdale Lakes, Florida 33319-5599

Mon-Thurs: 8:00am-3:30pm

Friday: Closed to the Public

Phone: 954-535-2480|Fax: 954-731-5309

Inspections: 954-535-2481

permits@lauderdalelakes.org

AUTHORIZATION FOR PERMIT PICK-UP

Date: _____

I, _____, as qualifier for _____

Located at _____

hereby designate the following person(s) to pick up permits on my behalf:

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

***(If marked and initialed)* this authorization shall be valid until September 30th of each fiscal year, unless earlier revoked by me in written notice to the City of Lauderdale Lakes.**

State License or Certificate of Competency Number

Print Name of Qualifier

Signature of Qualifier

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

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of ___physical presence or ___online notarization. This _____ day of _____ 20___ by _____, personally known OR by I.D. _____.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public