



Building and Safety Division

125 E. College Street, Covina, CA 91723
(626) 384-5440 <http://www.covinaca.gov/>

Information Bulletin:

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AUTHORIZATION OF AGENT TO ACT ON BEHALF OF LICENSED CONTRACTOR

The purpose of this informational handout is to assist Contractors who may choose to have the Contractor's Agent pull building permits on behalf of Contractor at City of Covina Building and Safety Department. The information requested provides general requirements and specifications for Contractor's Agent Authorization Letter. Contractors may use their own authorization letter on company's letterhead, or City Standard Authorization Letter which is part of this hand out.

If a Contractor chooses to provide their own authorization letter on COMPANY'S LETTERHEAD, the following information must be included:

- **Contractor's Business Name**
- **Contractor's Classification**
- **Contractor's California State License Board (CSLB) Number**
- **Contractor's Name of Authorized Owner/Officer (must match www.cslb.ca.gov website information)**
- **Contractor's Address**
- **Contractor's Phone Number**
- **Job Address**
- **Job Description**
- **Authorized Contractor's Agent Full Name**
- **Authorized Contractor's Agent Phone Number Address**
- **Authorized Contractor's Agent Phone Number**
- **Contractor's Agent Authorization Letter must be Dated and Signed by Authorized Owner/Officer**

**AUTHORIZATION OF AGENT TO ACT ON BEHALF OF LICENSED
CONTRACTOR DOES NOT NEED TO BE NOTARIZED, AS LONG AS IT
IS PROVIDED ON COMPANY'S LETTERHEAD OR PROVIDED FORM.
ONLY ORIGINAL DOCUMENTS WITH WET SIGNATURE WILL BE ACCEPTED.**



AUTHORIZATION OF AGENT TO ACT ON BEHALF LICENSED CONTRACTOR

I _____ hereby authorize the following person to act as an agent to apply for, sign, and file the documents necessary to pull building permit/s for the below referenced project.

PROJECT INFORMATION:

Project Address: _____

Description of Work:

BUSINESS OWNER / CONTRACTOR'S INFORMATION

Business / Contractor's Name: _____ Phone#: _____

Name of Authorized Owner/Officer: _____ Title: _____

California State Contractor's License Number: _____ Classification: _____

Business / Contractor's Address: _____

City: _____ State: _____ Zip: Phone: _____

AUTHORIZED AGENT INFORMATION

***Please note that authorized agent will be required to provide identification
at time of building permit application/issuance ***

Name of Authorized Agent: _____ Phone No.: _____

Address of Authorized Agent: _____

DECLARATION

I declare under penalty of perjury that I am the authorized owner/officer of the above referenced contractor license number and certify to the accuracy of this authorization form.

Contractor's signature: _____ Date: _____ / _____ / _____