



Town of Florence
Community Development Department
Building Safety Division
 224 W. 20th Street, PO Box 2670
 Florence, AZ 85132
 (520) 868-7575 Email: tofpermits@florenceaz.gov

OWNER AUTHORIZATION FORM

I/we, the undersigned, do hereby grant permission to: _____
Name of Contractor

to act on my/our behalf for work at site address: _____, and for the purpose of obtaining a building permit for the reasons(s) checked below:

Residential

<input type="checkbox"/>	New Build/SFR	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Addition (attached)	<input type="checkbox"/>	Accessory (detached)
<input type="checkbox"/>	Roof	<input type="checkbox"/>	Manufactured Home/Park Model
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Solar System
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Fence/Walls
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Pool/Spa <i>(Pool Safety Code Checklist must also be completed/submitted)</i>

Commercial

<input type="checkbox"/>	New Build	<input type="checkbox"/>	Tenant Improvements
<input type="checkbox"/>	Addition (attached)	<input type="checkbox"/>	Accessory (detached)
<input type="checkbox"/>	Roof	<input type="checkbox"/>	Modular Building
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Sign	<input type="checkbox"/>	Fence/Walls
<input type="checkbox"/>	Site Improvements	<input type="checkbox"/>	Change in Occupancy
<input type="checkbox"/>	Fireworks	<input type="checkbox"/>	Cell Tower

Fire

<input type="checkbox"/>	Tent / Membrane	<input type="checkbox"/>	Fire Sprinkler System
<input type="checkbox"/>	Fire Alarm System	<input type="checkbox"/>	Fireworks
<input type="checkbox"/>	Fire – Operational		

Property Owner(s) Signatures

Printed Name(s): _____

Signature: _____

Signature: _____

Phone: _____

Date: _____