

CONTRACTOR AUTHORIZATION

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____

RE: Persons Authorized to Pull Permits

Please indicate below, any persons you authorize to pull permits or sign for documents under your contractor license. No permits will be issued to anyone other than those listed below:

1. _____
2. _____
3. _____
4. _____

This form must be completed and returned with your application for your City of Loveland Contractor License and periodically updated as necessary.

Licensed Contractor (Print Name)

Signature of Licensed Contractor

Date