FEE OWNER AUTHORIZATION FOR PRIVATE PROVIDER SERVICES

Fee Owner Name	**Private Provider Name**
Parcel/Tax Identification Number	**Company Name**
Job Address	**License Number**
Mailing Address	**Address**
Phone	**Phone**
Email	**Email**

Authorization

I, the undersigned, certify that I am the fee owner of the property identified above and I hereby provide explicit authorization for the above-named private provider and its authorized representatives to perform plan review and/or inspection services related to the project described above.

I understand that this authorization does not relieve me of any obligations imposed by applicable laws, regulations, permits, contracts, or codes.

This authorization shall remain in effect until the completion of the project or until revoked in writing by the fee owner.

Acknowledgment

I certify that the information provided in this authorization is true and correct to the best of my knowledge.

Fee Owner Signature: _____

Printed Name: _____

Date: _____

Notary Acknowledgment

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____**, 20**, by _____, who is personally known to me or has produced _____ as identification.

Notary Public Signature: _____ **My Commission Expires:** _____