Office of Planning and Development – Building Division PO Box 9005, Drawer GM02 330 W. Church Street Bartow, Florida, 33831-9005 863-534-6080



www.polk-county.net/aca

	Add Contact to Exi	sting Permit	
Please add the following	contact(s) to existing Building Pe	rmit number	·
Project address:			
have a unique email addr User form and will not be	ess and an active Accela user ac	orinted and legible. All added cor count name. This form is not an a an Authorized User to a Contract	Authorized
Print Name	Print Email Address	Print Accella User Name	Primary Contact for Permit? Yes/No
Drimary Contractor or Aus	rharizad Haar Nama		
			
Primary Contractor Licens	e Number:		
Primary Contractor or Aut	horized User Signature:		
•	ITY OF		
		day of	. by the
above referenced individual,, who acknowledge that he/she is			hat he/she is
the primary contractor or is authorized to execute t	authorized signer of above liste	d property and who acknowledge personally know to me, or produc	ed that he/she
WITNESS my hand and of	ficial seal this day of		·
Notary Public Signature			
Name:	My Commission F	xpires:	
INGILIE.	iviy Commission E	λριι ε 3	