



# SANTA ROSA COUNTY DEVELOPMENT SERVICES

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Building Official  
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## Escrow Authorization

This is to certify that the person(s) whose signature(s) appears below is/are employed by me and is/are authorized to sign for re-inspection fees from our escrow account in my name.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

I further submit that I am knowledgeable of Chapter 489, Florida Statutes. I understand that the Construction Industry Licensing Board and the respective Santa Rosa County Licensing Board have the power and the authority to discipline a license holder for violations committed by him, his agents, officers or employees, and that I have full responsibility for compliance with all statutes, codes and laws inherent to the privilege granted by issuance of such permits.

\_\_\_\_\_  
(Print Name of Licensee)

\_\_\_\_\_  
(Signature of Licensee)

\_\_\_\_\_  
(State License Number)

\_\_\_\_\_  
(Business Name)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, personally appeared before me and is personally known or produced \_\_\_\_\_  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(Seal)