



Department of Community Development
 6801 Delmar Boulevard, University City, Missouri 63130
 Phone: (314) 505-8500, Fax: (314) 862-3168

AA

AFFIDAVIT OF AUTHORIZATION

TO: Building Commissioner
 City of University City
 6801 Delmar Blvd
 University City, MO 63130

FROM: _____
 Name

 Company

 Address

 Phone Number Email Address

This is to certify that the following person(s) are employees/officers of the above named company. For the purpose of obtaining permits for work which is under my personal supervision, they are authorized to sign applications on my behalf:

 Printed Name Signature

 Printed Name Signature

 Printed Name Signature

NOTE: Permit applications must bear the name of the licensee and the full signature of the person authorized to sign for the licensee.

 Signature of License Holder County License Number

State of Missouri}
 County of St. Louis}

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires _____ Notary Seal

 Notary Public