AUTHORIZATION TO PROCEED WITH BUILDING / DEMOLITION / ELECTRICAL / MECHANICAL / PLUMBING / MISCELLANEOUS WORK

ADDRESS: ______________________________________________________________________

I (We) am/are PROPERTY OWNER(S) of the PROPERTY in the above noted address and I (we) authorize the following work to be performed:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

________________________________________
Signature - Property Owner*

________________________________________
Name (print) - Property Owner

________________________________________
Date

*Signature(s) must be notarized.
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of __________________________

On ___________________, before me, ____________________________________________,

Date
personally appeared ________________________________________________________________

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature __________________________________________

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: ____________________________ Document Date: ____________________________
Number of Pages: ______ Signer(s) Other Than Named Above: ____________________________

Capacity(ies) Claimed by Signer(s)
Signer’s Name: ____________________________________________
□ Corporate Officer — Title(s):
□ Partner — □ Limited □ General
□ Individual □ Attorney in Fact
□ Trustee □ Guardian or Conservator
□ Other: ____________________________________________

Signer Is Representing: ____________________________________________

Signer’s Name: ____________________________________________
□ Corporate Officer — Title(s):
□ Partner — □ Limited □ General
□ Individual □ Attorney in Fact
□ Trustee □ Guardian or Conservator
□ Other: ____________________________________________

Signer Is Representing: ____________________________________________

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