

EMAIL:

mdidonato@providenceri.gov

CITY OF PROVIDENCE MAYOR BRETT P. SMILEY

CONTRACTOR AUTHORIZATION FOR PERMIT APPLICATION

l undersigned	, being duly sworn, upon	oath, depose and state as follows:		
I,	Hereby authorize(Owner)		, the owner	
(Cont	ractor)	(Owner)		
of the property located at		to in	to input my Rhode Island	
Contractor Re	egistration#	with expiration date of	for Permit	
Application fo	or proposed work at the a	above reference property.		
In the event to of such event	hat I dismiss myself as the and the owner will provid	e contractor of record, I will notify the Pr de the Building Official with a new contro	rovidence Building Official actor authorization letter.	
Owner's Sig	gnature:			
Contractor S	ignature:			
Telephon	••			
E-Ma	iil:			
Date	N.			
	AND ZONING DIVISION NSTER STREET, 1 ST FLOOR RI 02903			
TELEPHONE: FAX:	(401) 680-5201 (401) 680-5415 (401) 680-5482			

DEPARTMENT OF INSPECTION & STANDARDS