

ST. CHARLES COUNTY BUILDING DIVISION
201 NORTH SECOND STREET, SUITE 412
ST CHARLES MO 63301
(636) 949-7345 FAX (636) 949-7336

BLASTER AUTHORIZATION SIGNATURE SHEET

Please notarize and return this form to enable the Building Division to verify your signature on all permit applications. ***You are required to keep this office informed of your current address and telephone number.***

() BLASTER LICENSE NUMBER _____

LICENSEE'S NAME _____

HOME ADDRESS _____
(Street) (City) (State) (Zip Code)

BUSINESS NAME _____

ADDRESS _____
(Street) (City) (State) (Zip Code)

TELEPHONE _____
(Home) (Work) (Fax) (Mobile)

BUSINESS E-MAIL ADDRESS _____

Licensee Signature

Company Position

(Please Print Name)

NOTARY DATE

SEAL

NOTE: NOTARIZED SIGNATURE OF LICENSE HOLDER ONLY. I hereby verify that I am the said license holder and for St. Charles County Building Division to accept, as mine, the signature above for any permits issued in St. Charles County.