

# View Only Consultant Permission

Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Permit Application Number: \_\_\_\_\_

By signing this form, I hereby grant the following persons to have View Only Consultant access to this permit for the purpose of communicating required plan review corrections.

Name	Email Address

*“By signing this form, I understand that View Only permissions are granted to those listed on this form, the accuracy of the names and email addresses provided are my responsibility as the Contractor, and no one listed on this form is responsible for the submittal of the files to the County other than as indicated on either the Power of Attorney, or Signature Acknowledgement forms. Further, it is my responsibility to advise the design team I have designated on this form as to when the review comments are considered final and I have received a resubmittal task back for corrections.”*

**ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this View Only Consultant Permission form is true and correct**

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date