



Town of Ponce Inlet
Planning & Development Department
Building Office Division
 4300 S Atlantic Avenue
 Ponce Inlet, FL 32127
 Phone: (386)236-2182 / Fax: (386)236-2190

AGENT AUTHORIZATION

I hereby authorize _____
 (Name of Agent(s) – not entity)

To be listed as the authorized agent(s) for

 (Name of Qualifier’s Company)

for the purpose of applying for and signing for all building permits to be issued for the named contractor (qualifier). I understand that the building permit applications **must** be signed by the qualifier.

This authorization becomes effective on the date this affidavit is notarized, and shall remain in effect until terminated by the undersigned. This authorization acts as durable power of attorney only for the purposes stated.

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility (thus hold Ponce Inlet harmless) for any and all of the actions of the agent(s) names, related to the acquisition of permits for the aforementioned company.

By signing below, the undersigned authorizes the authorized agent(s) to drop off, pick up and sign Conditional Releases for all permits on my behalf, upon presentation of a notarized copy of this letter.

For the following licensed contractor (qualifier):

Company name: _____

Qualifier’s name: _____ License # _____

Phone number: _____ Cell number: _____

Signature of license holder (qualifier): _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
 by _____(qualifier), who is personally known to me or produced
 _____ as identification.

Notary Stamp/Seal

 Notary Public Signature