

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
(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: TOWN OF PONCE INLET, PLANNING & DEVELOPMENT DEPT

FROM: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

I, legal property owner of land parcel(s) located at:

Hereby Authorize: _____

As my Agent(s)/Representative(s) to act on my behalf in all aspects of the application process in order to obtain a permit from the Town of Ponce Inlet. My Agent/Representative is delegated my authority to submit all documents, exhibits and fees necessary to obtain the permit. I understand and agree that I am solely responsible for the accuracy of information submitted and for compliance with all requirements of my permit(s), in my name.

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.

Signature of Property Owner(s): _____

State of Florida, County of _____

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

Notary Public Signature

Notary Stamp/Seal

Commission Expires: _____