



AUTHORIZED AGENT FORM 2016-2017 ALSO FOR WEB PERMITTING & PAY FEES

MANATEE COUNTY BUILDING AND DEVELOPMENT SERVICES DEPARTMENT

P.O. BOX 1000, BRADENTON, FL 34206

OFFICE (941) 748-4501 ext 3800

FAX (941) 742-5825

EMAIL: permitting@mymanatee.org

Date: _____

I, _____ OF _____,
(Name of License Holder) (Print Business Name)

DO HEREBY AUTHORIZE THE FOLLOWING TO ACT AS MY AGENT(S) IN SUBMITTING PERMIT APPLICATIONS THROUGH IN THE UNINCORPORATED AREA OF MANATEE COUNTY:

- | | |
|---|--------------------------------------|
| 1) _____, (Print Name of Authorized Agent) | 1) _____ (EMAIL ADDRESS OF AGENT) |
| 2) _____, (Print Name of Authorized Agent) | 2) _____ (EMAIL ADDRESS OF AGENT) |
| 3) _____, (Print Name of Authorized Agent) | 3) _____ (EMAIL ADDRESS OF AGENT) |
| 4) _____, (Print Name of Authorized Agent) | 4) _____ (EMAIL ADDRESS OF AGENT) |

I UNDERSTAND THAT I AM THE LICENSED QUALIFIER OF RECORDS RESPONSIBLE FOR THE APPLICATION AS SUBMITTED BY MY AGENT(S), AS REFERENCED ABOVE. I FURTHER UNDERSTAND THAT EACH TIME MY AGENT(S) SUBMITS AN APPLICATION AND PLANS FOR ELECTRONIC SUBMITTAL, OR SIGNS ANY REQUIRED DOCUMENTS, THAT THE INDIVIDUAL MUST EXHIBIT THIS AUTHORIZATION FORM TO THE PERMITTING STAFF, UPON REQUEST. I FURTHER ACKNOWLEDGE THAT THIS ORIGINAL AUTHORIZATION FORM IS IN MY LICENSE OR QUALIFICATION FILE FOR LEGAL REFERENCE PURPOSES.

(Contractor's Signature)

(Registration/Certification/License Number)

NOTICE: THE LICENSED CONTRACTOR OR ENGINEER/ARCHITECT OF RECORD SIGNATURE IS TO BE NOTARIZED

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this ____ day of _____ 20__.

by _____, who is personally known to me () or has provided the following

identification _____. Expiration Date: _____ and who did/did not take an oath.

Notary Public Signature _____

Notary Public Stamp Here