



GROWTH MANAGEMENT DEPARTMENT
 205 North Marion Ave, Lake City, FL 32055
 Phone: 386-719-5750
 E-mail: growthmanagement@lcfcla.com

AGENT AUTHORIZATION FORM

I, _____ (owner name), owner of property parcel
 number _____ (parcel number), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the owner, or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are authorized to sign, speak and represent me as the owner in all matters relating to this parcel.

Printed Name of Person Authorized	Signature of Authorized Person
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the owner, realize that I am responsible for all agreements my duly authorized agent agrees with, and I am fully responsible for compliance with all Florida Statutes, City Codes, and Land Development Regulations pertaining to this parcel.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Owner Signature (Notarized) _____ Date _____

NOTARY INFORMATION:
 STATE OF: _____ COUNTY OF: _____

The above person, whose name is _____,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this _____ day of _____, 20_____.

NOTARY'S SIGNATURE _____ (Seal/Stamp)