



Authorized Agent Form

Building Department
PO Box 9
15100 NW 142nd Terrace
Alachua, FL 32615
Phone: (386) 418-6120
Fax: (386) 418-6130

Date : _____

My employee(s) listed below are hereby authorized to act as my agent(s) in securing permits for the City of Alachua. I understand that I am responsible for all work done by my agents(s).

Business Name (printed): _____
License No (Reg, City, Certified): _____
License Holder Name (printed): _____
License Holder Signature: _____

Agent (s):

Name (printed): _____
Signature: _____

This form:
Replaces all other previous authorized agents _____
Is to be added to all other previous authorized agents _____

License Holders signature must be notarized

The foregoing Instrument was acknowledged before me this _____ day of _____, 20____ who produced as identification _____

Seal: _____
Notary, State of Florida