



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 # (Reg, City, Certified): _____

License Holder Name (Printed): _____

License Holder Signature: _____

Agent(s):

Name (Printed): _____

Signature: _____

Name (Printed): _____

Signature: _____

Name (Printed): _____

Signature: _____

Name (Printed): _____

Signature: _____

License Holders signature must be notarized

STATE OF _____

COUNTY OF _____

The foregoing authorization is acknowledged before me by means of ___ physical appearance or ___ online notarization this ___ day of _____, 20__ by _____, who is/are personally known to me, or ___ who has/have produced _____ as identification.

Signature of Notary Public, State of _____

Print Name: _____

My commission Expires: _____

(Seal)