



# CITY OF EAGLE LAKE

75 N. 7th Street, P.O. Box 129, Eagle Lake, FL 33839  
Office: (863) 293-4141 Fax: (863) 294-3590  
Email: Prichardson@eaglelake-fla.com

## AGENT AUTHORIZATION FORM

I hereby authorize \_\_\_\_\_  
(Name of Agent(s) – not of entity)

to be listed as the authorized agent(s) for  
\_\_\_\_\_  
(Name of Company of Qualifier)

for the purpose of applying for and signing for all building permits to be issued for the named contractor (qualifier). I understand that all building permit applications must be signed by the qualifier.

**This authorization becomes effective on the date this affidavit is notarized, and shall remain in effect until terminated by the undersigned. This authorization acts as a durable power of attorney only for the purposes stated.**

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility (thus hold City of Eagle Lake harmless) for any, and all of the actions of the agent(s) named, related to the acquisition of permits for the aforementioned company.

\_\_\_\_\_  
Signature of Licensee (**QUALIFIER**) of aforementioned company

NOTARY:  
State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of, \_\_\_\_\_, \_\_\_\_\_(year)

by \_\_\_\_\_ as the Qualifying Contractor  
(Print Name of Qualifier)

for \_\_\_\_\_  
(Company Name of Qualifier)

Personally known \_\_\_\_ or produced identification \_\_\_\_ in the form of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

My commission expires (SEAL)