



City of Madeira Beach
BUILDING DEPARTMENT
300 Municipal Drive
Madeira Beach, FL 33708
PH: 727-391-9951 ext. 284 FAX:727-399-1131

AUTHORIZED AGENT AFFIDAVIT

I, _____, license holder for _____
(please print name) (please print company name)

hereby grant authorization to the person(s) listed below to act in my behalf with the Madeira Beach Building Department while conducting activities related to obtaining permits. These activities specifically include signing all documents requiring signature. The person(s) listed below is/are to be considered an agent of my business and therefore the signature of said agent is binding and causes me to assume all responsibilities connected to or associated with the signature as they may relate to my contracting business.

Three sets of horizontal lines for listing authorized agents.

I, _____ relieve the Madeira Beach Building Department of and agree to
(print name)
hold the Madeira Beach Building Department harmless from any and all responsibility, claims or other actions arising from or related to the Department's acceptance of the above agent's signature for permit-related activities. I further understand that it is my sole responsibility to grant and terminate any such authorization and to ensure that the Division receives timely notice of any such grant or termination.

State Certification or License Number Pinellas County License Number (If applicable)
Contractor's Signature Date

STATE OF _____
COUNTY OF _____
The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is [] personally known to me or [] has produced identification in the form of _____.

[SEAL]

Notary Public: _____