

Approved as to form:  
Leon County Attorney's Office  
301 South Monroe St., Suite 202  
Tallahassee, FL 32301



**CONTRACTOR'S AUTHORIZED  
AGENT FORM**

**Leon County  
Board of County Commissioners**

**Leon County Development  
Support & Environmental  
Management**

435 N. Macomb Street, 2nd floor  
Tallahassee, FL 32301

Phone: (850) 606-1300

Fax: (850) 606-1301

Date: \_\_\_\_\_

**I. CONTRACTOR:**

This form is to authorize the below named person(s) in Section II. to apply for, amend and obtain building permits, as well as complete projects under **license number** \_\_\_\_\_,

Contractor's Company Name \_\_\_\_\_

**II. AGENT AUTHORIZATION (CHECK ONE):**

This authorization is for one time use at the following location:

Address: \_\_\_\_\_

Parcel I.D. #: \_\_\_\_\_

**OR;**

This authorization is for all permits at any location.

**III. AGENT Information:**

\_\_\_\_\_  
Print/Sign

\_\_\_\_\_  
Print/Sign

\_\_\_\_\_  
Print/Sign

\_\_\_\_\_  
Print/Sign

**IV. DISCLAIMER:**

**THIS AUTHORIZATION IS EFFECTIVE ON THE DATE IN WHICH IT IS SIGNED AND NOTARIZED AND WILL BE EFFECTIVE UNTIL SUCH TIME IT IS WITHDRAWN IN WRITING BY THE LICENSED CONTRACTOR. THE CONTRACTOR AND AUTHORIZED AGENT UNDERSTAND THE LIABILITIES INVOLVED IN THE GRANTING OF THIS DESIGNATION AND AGREE TO HOLD LEON COUNTY HARMLESS FOR ANY AND ALL OF THE ACTIONS OF THE AGENT(S) NAMED RELATED TO THE ACQUISITION OF PERMITS FOR THE AFOREMENTIONED CONTRACTOR.**

\_\_\_\_\_  
Contractor/License Holder Signature

\_\_\_\_\_  
Date Signed

**V. NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary/Deputy Clerk

\_\_\_\_\_  
Type or Print Name