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

Leon County
Board of County Commissioners

Leon County Development
Support & Environmental
Management
435 N. Macomb Street, 2nd floor
Tallahassee, FL 32301

CONTRACTOR'S AUTHORIZED
AGENT PERMIT FORM

Phone: (850) 606-1300
Fax: (850) 606-1301
www.leonpermits.org

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 SIGNATURE(S):

Authorized Agent	**Authorized Agent**
Authorized Agent	**Authorized Agent**

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AUTHORIZATION IS EFFECTIVE ON THE DATE IN WHICH IT IS SIGNED AND NOTARIZED AND WILL BE EFFECTIVE UNTIL SUCH TIME IT IS WITHDRAWN IN WRITING BY THE LICENSED CONTRACTOR.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 ACQUITISTION 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