



TOWN OF SURFSIDE
BUILDING DEPARTMENT
9293 HARDING AVE • SURFSIDE, FL 33154
PHONE (305) 861-4863
buildingapp@townofsurfsidefl.gov

CONTRACTOR'S AUTHORIZED AGENT FORM

I _____ as Qualifier for _____ do hereby authorize
(print name of Qualifier) (Contractor/Company name)

_____ to act as my Authorized Agent in submitting/revising building permit (name of authorized agent) applications to and receiving building permits issued by the Town of Surfside.

I hereby certify that I am the Qualifier for the Contractor named above and I am responsible for the permit applications submitted by my authorized agent named herein. I further understand this authorization will continue into time until withdrawn by me in writing to the Town of Surfside.

The Qualifier's signature is to be notarized.

_____ DBPR License #: _____
Contractor/Company name

_____ DBPR License #: _____
Qualifier printed name

_____ **Date:** _____
Qualifier signature

State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____ who is personally known to me _____ or has provided the

following identification _____

Notary Public's Signature

Date: