



AGENT AUTHORIZATION LETTER

Islamorada, Village of Islands, Florida • Building Department

86800 Overseas Highway • Islamorada, Florida 33036

305-664-6400 • www.islamorada.fl.us

Date:

Company Name:

Company License Number(s):

Please allow

Name of Agent(s) (Individuals Only - Not Company Names)

for the purpose(s) of:
CHECK ALL THAT APPLY

☐ APPLYING FOR PERMITS

☐ PICKING UP/DROPPING OFF CORRECTIONS

☐ PICKING UP PERMITS

****OR****

TO ACT AS AN AGENT FOR THIS PERMIT ONLY #

This authorization becomes effective on the date this affidavit is notarized and shall remain in effect for one (1) calendar year. The Village must be notified of an Agent termination or addition in writing and without delay.

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

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct.

*Electronic signatures are not required to be notarized but only valid for electronic submittal, when permit is applied for by web-portal.

(Print Name of Qualifier)

(Signature of Qualifier)

Notary Public:

State of Florida, County of _____.

Sworn to and subscribed before me this _____ day of _____, 20____.

by _____
(name of person making statement)

Notary Seal

(Signature of Notary Public – State of FL)

Personally Known _____ / Produced ID _____ Type of ID Produced: _____