



AUTHORIZED AGENT FORM 2019-2020 ALSO FOR WEB PERMITTING & PAY FEES



SAFEbuilt

18001 Gulf Blvd., Redington Shores, FL 33708

OFFICE (727) 202-6825/ FAX (727) 258-4986
Email: Redington@safebuilt.com

Date: _____

I, _____ OF _____,
(Name of License Holder) (Print Business Name)

DO HEREBY AUTHORIZE THE FOLLOWING TO ACT AS MY AGENT(S) IN SUBMITTING PERMIT APPLICATIONS THROUGH IN THE INCORPORATED AREAS OF PINELLAS COUNTY LISTED ABOVE:

- | | |
|---|--------------------------------------|
| 1) _____,
(Print Name of Authorized Agent) | 1) _____
(EMAIL ADDRESS OF AGENT) |
| 2) _____,
(Print Name of Authorized Agent) | 2) _____
(EMAIL ADDRESS OF AGENT) |
| 3) _____,
(Print Name of Authorized Agent) | 3) _____
(EMAIL ADDRESS OF AGENT) |
| 4) _____,
(Print Name of Authorized Agent) | 4) _____
(EMAIL ADDRESS OF AGENT) |

I UNDERSTAND THAT I AM THE LICENSED QUALIFIER OF RECORDS RESPONSIBLE FOR THE APPLICATION AS SUBMITTED BY MY AGENT(S), AS REFERENCED ABOVE. I FURTHER UNDERSTAND THAT EACH TIME MY AGENT(S) SUBMITS AN APPLICATION AND PLANS FOR ELECTRONIC SUBMITTAL, OR SIGNS ANY REQUIRED DOCUMENTS, THAT THE INDIVIDUAL MUST EXHIBIT THIS AUTHORIZATION FORM TO THE PERMITTING STAFF, UPON REQUEST. I FURTHER ACKNOWLEDGE THAT THIS ORIGINAL AUTHORIZATION FORM IS IN MY LICENSE OR QUALIFICATION FILE FOR LEGAL REFERENCE PURPOSES.

(Contractor's Signature)

(Registration/Certification/License Number)

NOTICE: THE LICENSED CONTRACTOR OR ENGINEER/ARCHITECT OF RECORD SIGNATURE IS TO BE NOTARIZED

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this ____ day of _____ 20__, by _____, who is personally known to me () or has provided the following identification _____, and who did/did not take an oath.

Notary Public Signature

Notary Public Stamp Here