



City of Anna Maria

BUILDING DEPARTMENT

10005 GULF DRIVE

ANNA MARIA, FL 34216

TEL: 941-708-6132 X25 / f: 941-708-6136

Contractor/Agent Authorization Form

Date: _____

I, _____, do hereby authorize
_____ to act as my agent in

securing permits in the City of Anna Maria for the period of _____ through _____.

I understand that I am responsible for any permits secured by my agent. I further understand that each time my agent applies for a permit, he/she must show this authorization form to the permitting staff.

THIS AUTHORIZATION WILL STAND FOR THE PERIOD GIVEN ABOVE.

Contractor's signature _____

Name of Business _____ phone # _____

State registration / certification number _____

Agent's signature _____ phone # _____

State of _____ County of _____

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

20____ by

(contractor's name) _____, who is personally known to me or who

has produced as identification _____ and who did/did not take an oath.

Notary Public Signature: _____

Printed Name of Notary: _____

My commission expires: _____ Commission # _____