



LIVE OAK PLANNING AND BUILDING DEPARTMENT

416 Howard St. E
Live Oak, FL 32064
E-Mail: loannex@cityofliveoak.org
Office (386) 362-2009
Fax: (386) 330-6507

Authorized Agent Form

I, _____ of _____, as a licensed contractor, do hereby designate the following individual(s) as agents having the authority to sign and submit permit applications and related documents for obtaining building permits under my contractor's license for the period of _____ through _____. I further acknowledge and accept, as a licensed contractor, my responsibility and liability for each project permitted under the agent authority designated on this form which supersedes and repeals all other previously submitted signature authority forms.

AUTHORIZED AGENT(S)

Name _____ Driver's License Number _____
Signature: _____

Name _____ Driver's License Number _____
Signature _____

Name _____ Driver's License Number _____
Signature: _____

Name _____ Driver's License Number _____
Signature: _____

Designated signers may be required to provide proper identification at the request of the permit office.

This original form must be submitted for designating signature authority. You must return this form with the ORIGINAL notary seal to our office. No copies or faxes will be accepted. We are happy to provide this service; however, we reserve the right to suspend this service at any time due to its abuse or misuse.

BY: _____ (Print Qualifier's Name)

_____ (Qualifier's Signature)

_____ (Contractor License #)

State of Florida

County of _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notification, this _____ day of _____ 20___, by _____ who is personally known to me () or has provided the following identification _____.

Exp. Date _____ (Seal)

Notary signature