



BUILDING DEPARTMENT  
9293 HARDING AVE • SURFSIDE, FL 33154  
PHONE (305) 861-4863  
[buildingapp@townofsurfsidefl.gov](mailto: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 I further understand this authorization will continue into time until withdrawn by me in writing to the Town of Surfside.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:**