



BUILDING DEPARTMENT  
9293 HARDING AVE • SURFSIDE, FL 33154  
PHONE (305) 861-4863  
[buildingapp@townofsurfsidefl.gov](mailto:buildingapp@townofsurfsidefl.gov)

### PROPERTY OWNER'S AUTHORIZED AGENT FORM

I \_\_\_\_\_ as owner of \_\_\_\_\_ do hereby authorize  
(print name of owner) (property address)

\_\_\_\_\_ 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 owner of record of the above referenced property 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 I further understand this authorization will continue into time until withdrawn by me in writing to the Town of Surfside.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 Owner's signature is to be notarized.**

\_\_\_\_\_  
**Owner printed name**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date:**

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:**