



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 I further understand this authorization will continue into time until withdrawn by me in writing to the Town of Surfside.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