



Planning and Regulation

BusinessCenterFax@colliergov.net

2800 N. Horseshoe Dr.

Phone: (239) 252-2400

Authorization Form

Fax to: (239) 252-3990

This Authorization is:

A ONE TIME Authorization - Job Address: _____

IN ADDITION to Authorized Persons

REPLACING Authorized Persons

I, _____, as the qualifier and license holder for

(Print Qualifier's Name)

_____, authorize the following individual(s) to act as my agent in submitting

(Company Name)

and/or obtaining permits.

Print Name of Authorized Person(s) below:

Under Penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Qualifier: _____

STATE OF FLORIDA

COUNTY OF _____

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

by _____ (name of person acknowledging).

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification ____ Type of Identification Produced _____