

Building Division

AUTHORIZATION FORM FOR PERMITS

Upload this completed form with each online submittal. We only allow one Applicant per submittal in ePlan. This individual must be listed below to proceed toward issuance. Should you need to change the Applicant in ePlan to an alternate person on this form, contact us through BPCustomerService@seminolecountyfl.gov with the affected application / permit number and who you want listed as the Applicant.

The authorization form expires 5 years from the date provided unless a lesser expiration date is provided. The license holder is responsible for completing this form and maintaining all copies of this form in circulation.

Valid 5 years from this date: _____ Expiration date if less than 5 years: _____

I hereby name myself and appoint the below listed individual(s) as an agent of:

(Name of Company)

Listed below is myself, the license holder, and any additional personnel that may be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to obtain permits:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

License Holder Name: _____

State License Number(s): _____

License Holder Email: _____

Phone Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging), who is [] personally known to me; or [] has produced _____ as identification.

Signature of Notary

Print or type Notary name _____

Commission No. _____

My Commission Expires: _____