Agent Authorization Form

FOR PROJECTS LOCATED IN THE CITY OF EDGEWOOD

Please type or print in **BLACK INK**. Complete carefully, answering each question and attaching all necessary documentation and additional pages as necessary.

I/WE, (PRINT PROPERTY OWNER NAME)_____, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, _____ _____, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME) _____ , TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS AND TO APPEAR ON MY /OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION. BY SIGNING THIS AUTHORIZATION, THE OWNER AGREES TO BE BOUND BY THE ACTIONS OF THE AUTHORIZED AGENT AND THE PROVISIONS OF CHAPTER 101, ARTICLE I, ENTITLED "PASS-THROUGH FEES" AND ACKNOWLEDGE AND AGREES THAT A LIEN MAY BE PLACED ON THE PROPERTY FOR NON-PAYMENT OF PASS-THROUGH FEES AS PROVIDED IN THE CITY CODE.

Date:_____ _____ _____

Signature of Property Owner Print Name Property Owner

Date:_____ _____ _____

Signature of Property Owner Print Name Property Owner

STATE OF FLORIDA: COUNTY OF_____

I certify that the foregoing instrument was acknowledged before me this_____day of_____, 20_____ by _____. He/she is personally known to me or has produced_____as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the_____day of_____, in the year_____.

_____

Signature of Notary Public

(Notary Seal)

Notary Public for the State of Florida

My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID#:
LEGAL DESCRIPTION:

Please hand deliver to Edgewood City Hall at 405 Bagshaw Way. For additional questions, please contact Edgewood City Hall at (407) 851-2920, or send email to bmeeks@edgewood-fl.gov or sriffle@edgewood- fl.gov.

Revised: 6/26/2019