



BUILDING DIVISION Authorized Agent Form

Please note that your existing agent authorizations expire with your registration. **You MUST BE REGISTERED WITH THE CITY OF SARASOTA** and have your credentials and the sworn and notarized Contractor's Affidavit on file to be eligible to use one or more Authorized Agents.

Please note that **ONLY CONTRACTORS WHO HAVE CHOSEN TO REGISTER THEIR CREDENTIALS** with the City of Sarasota may use Authorized Agents. Agents listed below will be applied to all City registrations that you hold.

All other contractors must present their credentials in person and sign for each permit.

- ✓ List each authorized agent separately on one of the lines provided.
- ✓ You **Do NOT** need to have the signatures of Authorized Agents notarized; **only** the signature of the City-registered contractor must be notarized below.
- ✓ A registered contractor or tradesperson may have up to **four (4)** Authorized Agents at any one time. You may change your Authorized Agents at any time by submitting a new form that has been signed and notarized. ***The new form will replace the agents already listed on file with the new agents you assign.***

I, (print or type contractor's name) _____, a contractor holding a valid registration to do business in the City of Sarasota, do hereby authorize the following to act as my agent(s) in submitting permit applications and obtaining permits. **If I have multiple licenses this Agent Authorization form will apply to all licenses.** Please list all City of Sarasota registrations in the space provided below the agent's names.

AGENTS PLEASE PRINT NAME HERE

AGENTS PLEASE SIGN YOUR NAME HERE

(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

IF YOU HOLD MULTIPLE REGISTRATIONS LIST ALL CITY REGISTRATIONS NUMBERS BELOW

I understand that I, as the licensed qualifier or registered Specialty Tradesperson, am solely responsible for any application submitted or obtained by my agent(s).

Contractor's Signature (must be notarized, below) _____

The city-registered contractor's signature must be notarized by a Notary Public. The space below is for his or her use ONLY.

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____ **20**____, **by** _____

Notary Seal:

Signature of Notary Public _____

Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known [] or Produced Identification []

Type of Identification Produced _____