



Sarasota County Contractor Licensing Agent Authorization Form

South County: Planning and Development Services Business Center 4000 Tamiami Trail S. Room 122 Venice, Florida 34293-5076

North County: Planning and Development Services Business Center 1001 Sarasota Center Blvd Sarasota, Florida 34240

THIS LETTER SUPERCEDES ANY PREVIOUSLY SUBMITTED LETTER OF AUTHORIZATION & MUST BE NOTORIZED

Please return to:

Attn: Contractor Licensing, 1001 Sarasota Center Blvd, Sarasota FL 34240; Fax (941) 861-6711 or Email Licensing@scgov.net

ATTENTION: Agent must attach a copy of their Driver's License or State I.D. card with this application.

__NEW AGENT OR __UPDATE EXISTING AGENT

I, (Print License Holder's Name), of (Print Business Name)

authorize (Print Agent's Legal Name) to act as my agent under my license (License Number)

for the following time period (not to exceed one year) (MM/DD/YYYY) to (MM/DD/YYYY)

I understand that I, as the licensed qualifier, am solely responsible for any permit submitted or obtained by my agent and that if I terminate my agent authorization I must notify the building department in writing to request removal of agent from my account and that Sarasota County Ordinance 2002-079 section 22-124 (B) states: Contractors may designate an agent to sign permit applications for a specific time frame, not to exceed one (1) year; authority for such action shall be a notarized letter designating the agent sent to the Development Services Business Center.

License Holder's Signature:

STATE OF FLORIDA COUNTY OF
The foregoing instrument was acknowledged before me this ___ day of ___, 20___, by
LICENSER HOLDER'S NAME PRINTED NOTARY SIGNATURE
Type of Identification Produced

Agent Name: Phone: Fax:

Mailing Address:

Agent E-mail: