



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 ID are required
Legal Description: _____

Parcel ID: _____

Please return completed application to City Hall in person or via email info@edgewood-fl.gov