



City of Dunedin, Florida

Planning & Development

737 Loudon Avenue

Dunedin, FL 34698

727-298-3210

WWW.DUNEDINGOV.COM

TO: ALL PINELLAS COUNTY (PCCLB) ACTIVE CONTRACTORS
SUBJECT: CONTRACTOR AGENT AUTHORIZATION AFFIDAVIT

The attached **Contractor Agent Authorization Affidavit** is intended to assist licensed contractors who may wish to formally and legally designate another natural person to sign binding documents (*such as Permit Applications and related permitting documents*) when it is inconvenient for the license holder to physically execute the documents themselves. The required format of this Affidavit is a Limited Power of Attorney, in which the Qualifier's signature must be witnessed and notarized.

The contractor, even after designating an Agent, remains fully responsible (*financially and in licensing disciplinary actions*), for acts of the Agent under the contractor's authorization. In use, an Agent will actually sign the qualifier's name and add "**by Agent: THEN SIGN AGENT NAME**". Please use caution when delegating this authority to others.

Please notice that all Agents must be re-empowered by a freshly executed affidavit for each contractor license renewal cycle. Building permit applications may be accepted for review; **however NO PERMITS WILL BE ISSUED** to agents authorized on an expired affidavit. Please prepare accordingly.

You may rescind the authorization of any Agent by submitting the attached **Contractor Authorized Agent Removal Request** to the City of Dunedin Planning and Development Office. Faxed requests can be sent to 727-298-3206, or mailed to:

City of Dunedin
Planning & Development/Building
737 Loudon Avenue,
Dunedin, Florida 34698
Phone: 727) 298-3210



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Contractor Agent Authorization Affidavit

Qualifier (print name):
State License #:
PCCLB Reg. #:
Company Name:
Company Address:
City, State:
Phone #:
Expiration Date:
Fax #:
E-mail:
Zip Code:

A clear copy of the Agent's Driver's License or Government issued photo identification card is required to be submitted with this Affidavit

LIMITED POWER OF ATTORNEY FROM CONTRACTOR

Let it be known, that I, the above listed contractor, have made and appointed, and by the presents to make and appoint as agent:

(Print name of agent) (Agent phone #)

to be true and lawful agent for me and in my name, place and stead, for the sole, specific and limited purposes to execute any and all documents, as restricted below pertaining to building permits issued and/or inspections performed by the City of Dunedin, as I the undersigned, might or could do if personally present.

I understand that by signing this instrument, I am authorizing the City of Dunedin to process permit documents and/or issue building permits based on the signature of my above-named agent. I further understand that I am fully responsible and legally bound for all acts performed under my certificate number, including those of the agent.

Signature: (Qualifier)

Signature: (Agent)

STATE OF
COUNTY OF

STATE OF
COUNTY OF

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

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

Personally known or

Personally known or

Produced ID:

Produced ID:

Notary Public: (SEAL)

Notary Public: (SEAL)



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Contractor Authorized Agent Removal Request

*****MUST BE NOTARIZED*****

This notification will serve as my request to remove the following individuals as authorized agents for my permitting privileges with the City of Dunedin. The individual(s) is/are no longer empowered to represent me or my company, and request is made to immediately prohibit any/all permitting activities allowed as authorized agents on my behalf.

You may rescind the authorization of any Agent by submitting this **Contractor Authorized Agent Removal Request** to the City of Dunedin Planning and Development Office. It is the Contractor responsibility to verify that the request for removal has been received and processed. Requests can be faxed to 727-298-3206, emailed to: permits@dunedinfl.net and originals mailed to:

**City of Dunedin
Planning & Development/Building
737 Louden Avenue
Dunedin, Florida 34698
Phone: 727) 298-3210**

Agent Name(s)

Date Prepared: _____

Qualifier (print name): _____

Signature: _____

Company name: _____

State License #: _____

Company Address: _____

PCCLB Registration #: _____

Phone #: _____

Fax #: _____

Email: _____

STATE OF _____

COUNTY OF _____

Sworn to and scribed before me this _____ day of _____ 20 _____, by _____,

____ Personally known, or

____ Produced ID: _____

Notary Public (SEAL)