

CITY OF BONITA SPRINGS

Community Development Department
9220 Bonita Beach Road, Ste. 111
Bonita Springs, FL 34135
Phone: (239) 444-6150
email: permitting@cityofbonitaspringscd.org

AUTHORIZED AGENT AFFIDAVIT (2021)

This authorization will expire on September 30th of every year and a new affidavit must be submitted for each current year.

I _____, of _____
(Name of License Holder) (Print Business Name as it Appears on State License / Registration)

having personally appeared for identification, do hereby authorize the following to act as my agent(s) in submitting **PERMIT APPLICATIONS** in the City of Bonita Springs.

- 1) _____ (Print Name of Authorized Agent)
- 2) _____ (Print Name of Authorized Agent)
- 3) _____ (Print Name of Authorized Agent)
- 4) _____ (Print Name of Authorized Agent)

I understand that I am the licensed qualifier responsible for the application as submitted by my agent(s), as referenced above. I further understand that each time my agent(s) submits an application for a permit, or signs any required documents, that the individual must exhibit this authorization affidavit to the permitting staff upon request. I further acknowledge that this original authorization affidavit is in my license or qualification file for legal reference purposes.

APPLICABLE BUILDING CODES

7th ed. 2020 FBC; Florida Building Code: Building, Existing, Mechanical, Plumbing
7th ed. 2020 FFC; Florida Fire Prevention Code
NEC 2017; National Electric Code

*****SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC*****

- 1) _____ (Signature of Authorized Agent)
- 2) _____ (Signature of Authorized Agent)
- 3) _____ (Signature of Authorized Agent)
- 4) _____ (Signature of Authorized Agent)

Contractor Signature: _____

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization ,
this (day) _____ of (month) _____, (year) _____,
by (name of person making statement) _____.

Signature of Notary Public - State of Florida: _____

Print, Type, or Stamp Commissioned Name of Notary Public: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____