AGENT AUTHORIZATION FORM

For Projects Located in Jackson County, Florida

Jackson County Board of County Commissioners

Visit our web site:

www.jacksoncountyfl.gov

Community Development Department

4979 Healthy Way, Suite B, Marianna, FL 32446

Phone: (850) 482-9637 Fax: (850) 482-9846

APPLICATION REQUEST (Check one item below.)

☐	Comprehensive Plan Amendment	☐	Residential Development Order
☐	General Development Order	☐	Sign Permit
☐	Home Based Occupation	☐	Road Abandonment
☐	Junk Yard Permit	☐	Sign Permit
☐	Mobile Home Park	☐	Subdivision Platting
☐	Other: _____	☐	Temporary Use Permit
	_____	☐	Wireless Facility

PROPERTY LEGAL DESCRIPTION (If applicable)

Parcel Number:

Location Address:

City: **Subdivision:**

AUTHORIZATION

NOTE: ***If the property is owned by a corporation or multiple owners then documentation certifying the signing individual's authority is required. Multiple signatures may be required if deemed necessary upon application. Additional signature form(s) provided upon request.***

☐ **See attached page(s) for more signatures. Number of pages excluding authorization form:** _____

I/we _____

(Owner's name as written on deed)

owner(s) of the above described property do hereby authorize to act as my/our agent

_____ **for the purpose of making application for**

(Print agent's name)

the proposed request and to act as our agent in matters pertaining to the application.

_____ _____

Owner Signature *Printed Name*

_____ _____

Owner Signature *Printed Name*

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online nortarization, this _____ day of _____, 20_____, by _____.

(Notary Seal)

_____

Notary Public, State of Florida

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____