



Authorized Agent Form

BUILDING DEPARTMENT

101 Old Main St. Bradenton, FL 34205

Email: Permitting@cityofbradenton.com

Ph. 941-932-9423

Date: _____

My employee(s) listed below are hereby authorized to act as my agent(s) in securing permits for the City of Bradenton. I understand that I am responsible for all work done by my agent(s).

***NOTE: Only (4) Authorized Agents per license holder is permitted with the City of Bradenton.**

Business Name (printed): _____
License No. (Reg, City, Certified): _____
License Holder Name (printed): _____
License Holder Signature: _____
Alternate Digital Signature: _____

1.) Agents Name (printed): _____
Agents Signature: _____
Alternate Digital Signature: _____

2.) Agents Name (printed): _____
Agents Signature: _____
Alternate Digital Signature: _____

3.) Agents Name (printed): _____
Agents Signature: _____
Alternate Digital Signature: _____

4.) Agents Name (printed): _____
Agents Signature: _____
Alternate Digital Signature: _____

This Form:

Replaces all other previous authorized agents ()

Is to be added to all other previous authorized agents ()

License Holders signature must be notarized:

The foregoing instrument was acknowledged before me this _____ day of _____, _____

who produced as identification _____.

Notary, State of Florida: _____

Notary, State of Florida, Alternate Digital: _____