



Town of Dundee Building & Zoning

◆ 202 Main Street ◆ PO Box 1000 ◆ Dundee, Florida 33838 ◆ (863) 438-8330 ◆ Fax (863) 438-8339

SIGNATURE AUTHORITY FORM FOR THE PURPOSE OF OBTAINING BUILDING PERMITS

I, _____ of _____
(PRINT NAME HERE) (PRINT COMPANY NAME HERE)

do hereby designate the following individual(s) as having the authority to sign and submit applications and related documents for the purpose of obtaining building permits under my State of Florida or Polk County Contractor License # _____. I further acknowledge and accept as a licensed contractor, my responsibility and liability for each project permitted under the authority designated on this form, and that my failure to assume and fulfill said duty may be grounds for the initiation of disciplinary action against my contractor's license.

DESIGNATED SIGNERS: (PLEASE PRINT)

1. _____ 2. _____

3. _____ 4. _____

Contractor's Signature(s): _____

Subscribed and sworn to before me this _____ day of _____.

NOTARY PUBLIC

My commission expires: _____

() Is () Is not personally known to me.

Identified by: _____

Designated signers may be required to provide proper identification at the request of the permit office. The number of designated signers may not exceed six.

This original form must be submitted for designating signature authority; no copies or faxes will be accepted. We are happy to provide this service, however, we reserve the right to suspend this service at any time.

