Application Agent Authorization Form

Madison County Planning and Zoning Dept.
229 SW Pickney St Suite 219
Madison, Fl 32340

Authority to Act as Agent

On my/our behalf, I appoint _____

For_____

To act as my/our agent in the preparation and submittal of this application

For_____

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application still resides with me as the Applicant/Owner.

Applicant/Owner's Name_____

Applicant/Owner's Title _____

On Behalf of _____

Telephone _____Date_____

Applicant/Owner's Signature_____

Print Name_____

State of Florida County of _____

The Foregoing instrument was acknowledged before me this ____day of _____Month, 20____, by _____, whom is personally known to me _____ OR produced identification (type of Identification produced)_____

Notary Signature_____Date_____Seal