[COUNTY SEAL]

MADISON COUNTY BOARD OF COUNTY COMMISSIONERS
PLANNING & ZONING DEPARTMENT
229 SW Pinckney Street, Suite 219, Madison, Florida 32340
Mailing Address: P.O. Box 539, Madison, Florida 32341
Telephone: (850) 973-3179

AGENT AUTHORIZATION FORM

(Authorization for Agent to Act on Behalf of Applicant/Owner)

Instructions: This form must be completed, signed, and notarized whenever a person other than the Applicant/Owner of record will prepare, sign, or submit an application to Madison County on the Applicant/Owner's behalf. Please print legibly or type.

1. APPOINTMENT OF AGENT

The undersigned, being the Applicant and/or Owner of record identified in Section 3 below ("Applicant/Owner"), hereby appoints, designates, and authorizes the following individual to act as Agent on the Applicant/Owner's behalf:

Agent's Name: _____

Agent's Address: _____

Agent's Telephone: _____ **Agent's Email:** _____

2. SCOPE OF AUTHORIZATION

The Agent named above is authorized to act as the Applicant/Owner's agent solely in connection with the preparation, execution, and submittal of the following application to Madison County, Florida (the "Application"):

Application/Project Name: _____

Type of Application: _____ **Parcel ID No.:** _____

Property Address / Legal Description:

_____

3. APPLICANT/OWNER ACKNOWLEDGMENT OF RESPONSIBILITY

The undersigned Applicant/Owner acknowledges and agrees that, notwithstanding the foregoing appointment of Agent, sole and full responsibility for compliance with all terms, conditions, and requirements attendant to review and approval of the Application — including, without limitation, all applicable provisions of the Madison County Land Development Code and the Madison County Comprehensive Plan — remains at all times with the undersigned Applicant/Owner. This authorization does not transfer, assign, or relieve the Applicant/Owner of any obligation, liability, or responsibility imposed by law, ordinance, or by Madison County in connection with the Application.

4. APPLICANT/OWNER INFORMATION AND SIGNATURE

Applicant/Owner's Printed Name: _____

Title (if applicable): _____ **On Behalf of (Entity):** _____

Telephone: _____ **Date:** _____

Applicant/Owner's Signature: _____
Print Name: _____

5. NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is personally known to me OR who has produced _____ as identification.

_____
Notary Public, State of Florida

Print Name: _____ **My Commission Expires:** _____

(Notary Seal)