



AUTHORIZED AGENT AFFIDAVIT

City of New Port Richey, Florida • Community Development Department
 5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • www.cityofnewportrichey.org

*Please complete ALL sections of this affidavit.
 Incomplete applications will be returned to the contractor of record.*

Date Received

Qualifier's Affidavit

I designate the individuals listed below as Authorized Agents to act on my behalf, or on behalf of the named company/corporation in processing permit applications and conducting activities related to obtaining permits from the City of New Port Richey Community Development Department. The activities include signing all documents required of the Qualifier or Contractor.

The signature of the Authorized Agent is binding and causes me to assume all responsibilities and penalties connected to and associated with the Agent's signature as it may relate to my business. In addition, I authorize the Authorized Agents to bind me, and/or the corporation, to perform any requirement necessary to obtain the permit.

I the undersigned, agree to hold the City of New Port Richey and all employees of the City of New Port Richey harmless from any and all damages, claims or other actions that may occur by reason of the Community Development Department acceptance of the Authorized Agent's signature for permit application activities. I further understand that is my sole responsibility to designate and terminate authority and to ensure that the Community Development Department receives timely written notices of any changes in the Agent's status.

I the undersigned, being the contractor as either an individual or qualifier of a corporation, do hereby affirm that all information on this for is true and correct.

1. QUALIFIER / CONTRACTOR INFORMATION			
Contractor (Company Name)		Phone	
Company Address	City	State	Zip
Qualifier's Name	State License No.	Pasco County BTR No. (Occupational)	
Qualifier's Email Address			
2. AUTHORIZED AGENT LIST {PLEASE PRINT CLEARLY}		PHONE NUMBER	INITIAL BY

 Signature of Contractor

Sworn to and subscribed before me by _____
 this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Notary Signature: _____

NOTARY STAMP