



**CITY OF ANNA MARIA  
BUILDING DEPARTMENT**

10005 Gulf Drive, P.O. Box 779,  
Anna Maria, Florida 34216

Phone (941) 708-6132 Fax (941) 708-6136

**OWNER/AGENT AUTHORIZATION FORM**

I, \_\_\_\_\_, OWNER OF THE PROPERTY LOCATED  
AT \_\_\_\_\_,

DO HEREBY AUTHORIZE \_\_\_\_\_, TO ACT AS MY  
AGENT IN SECURING PERMITS AND INSPECTIONS IN THE CITY OF ANNA MARIA. I  
UNDERSTAND THAT I AM RESPONSIBLE FOR ANY ACTIVITIES AND STATEMENTS MADE  
BY MY AGENT. I FURTHER UNDERSTAND THAT EACH TIME MY AGENT APPLIES FOR A  
PERMIT, THAT HE/SHE MUST PRESENT A NEW AUTHORIZATION FORM TO THE  
DEPARTMENT.

\_\_\_\_\_  
OWNERS SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

STATE OF FLORIDA COUNTY OF \_\_\_\_\_ .

I certify under penalty of perjury that the factual statements contained in this application are  
true this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public:  
My Commission Expires:

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_