



TOWN OF HIGHLAND BEACH

Building Department 3616 South Ocean Blvd., Highland Beach, Florida 33487
Website: www.highlandbeach.us Phone: 561-278-4540 Fax: 561-278-2606

AUTHORIZED AGENT AFFIDAVIT

I, _____, the Property owner, hereby grant authorization to _____, Authorized Agent, to act in my behalf with the Town of Highland Beach Building Department while conducting activities related to a development application request.

I _____, Property Owner, relieve the Town of Highland Beach of, and agree to hold the Town of Highland Beach Building Department harmless from, any and all responsibility, claims or other actions arising from or related to the Department's acceptance of the above agent's signature for development application-related activities. I further understand that it is my sole responsibility to grant and terminate any such authorization and to ensure that the Department receives timely notice of any such grant or termination.

Signature of Property Owner

Signature of Authorized Agent

PLEASE NOTE: BOTH SIGNATURES MUST BE NOTARIZED

Notary for Property Owner Signature:

State of _____

County of _____

The foregoing was acknowledged before me this _____ day of _____, _____, by _____, who is personally known to me, or who produced _____ as identification.

Notary Public Signature

Print, Type, or Stamp Name of Notary

Notary for Authorized Agent's Signature:

State of _____

County of _____

The foregoing was acknowledged before me this _____ day of _____, _____, by _____, who is personally known to me, or who produced _____ as identification.

Notary Public Signature

Print, Type, or Stamp Name of Notary