



# AUTHORIZED AGENT AFFIDAVIT

City of New Port Richey  
Development Department  
City Hall, 5919 Main Street, 1<sup>st</sup> Floor  
New Port Richey, FL 34652  
Phone: (727) 853-1047 Fax: (727) 853-1052

Date: \_\_\_\_\_

I \_\_\_\_\_ designate the individuals listed below as Authorized Agents  
(Qualifier / Contractor Name)

of \_\_\_\_\_ to act on my behalf, or on behalf of the prior named  
(Company/ Corporation Name)

company/corporation in processing permit applications and conducting activities related to obtaining permits from the City of New Port Richey 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 Development Department acceptance of the Authorized Agents signature for permit application activities. I further understand that is my sole responsibility to designate and terminate authority and to ensure that the 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 form is true and correct.

\_\_\_\_\_  
Signature of Qualifier/Contractor

\_\_\_\_\_  
DBPR or Pasco County Number

\_\_\_\_\_  
Address

**Notary for Contractor's Signature**

**Authorized Agent Printed Name**

**Initial by**

STATE of \_\_\_\_\_

COUNTY of \_\_\_\_\_

1) \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day

2) \_\_\_\_\_

of \_\_\_\_\_, 20\_\_\_\_ by

3) \_\_\_\_\_

\_\_\_\_\_  
(name of person acknowledging), who is personally known to me, or who produced \_\_\_\_\_  
(type of identification)

4) \_\_\_\_\_

5) \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_