



Building Department

901 Ponce de Leon Blvd, Belleair, FL 33756
(727) 588-1477 building@townofbelleair.net
www.townofbelleair.com

**Associated User
Homeowner**

I, _____, whose address is _____ do hereby designate the following individual(s) as having the authority to submit applications and to sign related documents for the purpose of obtaining building permits on my behalf.

All information in the table below is required. It must be printed and legible. All Associated users must have a unique email address.

Full Legal Name	Email Address	Phone Number

Designated signers will be required to provide proper identification at the request of the permit office. You must return this form to our office. We are happy to provide this service; however, we reserve the right to suspend this service at anytime due to its abuse or misuse.

BY: _____ (Printed Name) _____ (Signature)

State of Florida, County of _____. Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____, by _____ who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public State of Florida

My Commission Expires: _____

Notary Seal