Office Use Only

Case No.:_____

Agent Authorization Form

One Main Street Semmes, AL 36575
Phone (251) 649-5752 planning@cityofsemmesal.gov

("Agent")

I/We hereby appoint and designate _____ to act as my/our agent in all matters concerning this application/permit which relates to property described as tax parcel# _____ I/We understand that the scope of the agency designation granted herein is general in nature and includes, without limitation, all decision-making authority relating to submittals, status, conditions, or withdrawal of this application/permit. To the fullest extent permitted under Alabama law, I/we release and agree to hold the City of Semmes harmless from and against any liability resulting from acts or omissions of our Agent. I/We warrant and certify to the City of Semmes that I/we are the owner(s) of the real property identified herein, and that I/we have fully authority to make the agency designation herein. I/We further certify that the information stated on and submitted with this application/permit is true and correct. I also understand that the submittal of incorrect information will result in the revocation of this application/permit and any work performed will be at the risk of the applicant. I understand further that any changes which vary from the approved plans will result in the requirement of a new application/permit.

*NOTE: *All correspondence will be sent to the Authorized Agent. It will be the Agent's responsibility to keep the owner(s) adequately informed as the status of the application.*

PROPERTY OWNER(S)

_____
Name(s) - Printed

_____
Mailing Address

_____
City/State

_____
Phone Email

_____
Signature(s) Date

AUTHORIZED AGENT

_____
Name(s) - Printed

_____
Mailing Address

_____
City/State

_____
Phone Email

_____
Signature(s) Date