



# CITY OF LARGO

Community Development Department  
Planning and Development Services Division  
askaplanner@largo.com

## Property Owner Agent Authorization

I, (Name) \_\_\_\_\_, owner of the property located at  
(Address) \_\_\_\_\_, authorize the following agents to  
apply and sign for project case number \_\_\_\_\_.

**DATE:** \_\_\_\_\_

Please allow only the person(s) listed below to sign. This letter of authorization supersedes all others previously on file.

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Property Owner's Printed Name

\_\_\_\_\_  
Property Owner's Signature

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or has  
produced \_\_\_\_\_ as identification and who did or did not take an oath.

Notary Signature \_\_\_\_\_  
Notary Stamp: