



# AGENT/CONSULTANT AUTHORIZATION FORM

## Growth Management Department Environmental Division

### FORM INSTRUCTIONS

1. The following form shall be completed by the authorized agent/consultant (Section A), the property owner (Section B) and a Notary Public (Section C).
2. In order to process the associated application, a copy of this executed document shall be provided to the Growth Management Department, Environmental Division or uploaded to the Martin County Digital Land Management Citizen Access website:  
<https://aca-prod.accela.com/MARTINCO>.
3. **Attention:** This form must be printed and signed in the presence of a notary.

### Section A: TO BE COMPLETED BY AUTHORIZED AGENT/CONSULTANT:

By signing this application form, I certify that (choose one)  I am applying on behalf of the property owner/  I am a consultant on this project applied for by the property owner(s), according to the supporting data and other incidental information filed and uploaded with this application. I am familiar with the information contained in this application and represent that such information is true, complete and accurate. I understand this is an application and not a permit, and that commencement of clearing or construction activities prior to approval is a violation of Martin County Code. I understand that this application, and any approval for development issued pursuant thereto, does not relieve the property owner(s) of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of development activities.

I further certify that I have read the instructions and fully understand the conditions set forth and will comply fully with them knowing that failure to comply or omission thereof may result in no action being taken on this application without refund of the application fee.

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Printed Name of Agent/Consultant

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Signature of Agent/Consultant, Date

### Section B: TO BE COMPLETED BY PROPERTY OWNER:

I hereby designate and authorize the agent/consultant listed above to act on my behalf, or on behalf of my corporation, as the agent/consultant in the processing of this application for approval to conduct any development authorized pursuant to this application and to furnish, on request, supplemental information in support of this application. In addition, I authorize the above-listed agent/consultant to bind me, or my corporation, to perform any requirements that may be necessary to procure such approval.

I hereby recognize that any member of the Board of County Commissioners (BCC) and any duly authorized representative of the BCC, such as, but not limited to, staff of the Growth Management or the Public Works Department, may enter and inspect any parcel of land for which a development approval or permit has been issued, or where there is a reasonable cause to believe that a development activity is being carried out, for the purpose of ascertaining the state of compliance with County Codes. The interiors of buildings shall not be subject to such inspections unless related to the enforcement of the building code. No person shall refuse immediate entry or access to any authorized representative of the BCC or one of the specified agencies who requests entry for the purpose of inspection and who presents appropriate credentials. No person shall obstruct, hamper or interfere with any such inspection. If requested, the owner or operator of the premises shall receive a report setting forth the facts and results of the compliance determination.

\_\_\_\_\_  
Typed/Printed Name of Property Owner      Signature of Property Owner      (Date)

**Section C: NOTARY PUBLIC ACKNOWLEDGEMENT:**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, by means of [            ] personal appearance or [            ] online notarization appeared \_\_\_\_\_, to me known to be the person described herein and who executed the foregoing, and acknowledged before me that he executed same. He is [            ] personally known to me or [            ] has produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL/STAMP)      \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_