



BOARD OF ADJUSTMENT -AGENT AUTHORIZATION FORM

Rev: 0 | Revision Date: 01/30/2024 | Print Date: 0/00/0000
I.D. Number: BOAAAF

AGENT AUTHORIZATION FORM

I _____ (“Owner”) as the current title owner of the real
[Print First and Last Name of the title Owner OR Name of Corporation]
property located at _____ (“Property”), do hereby authorize
[Print Property Address]
_____ (“Authorized Agent”) to act as my agent regarding the submittal
[Print First and Last Name of Agent]
of a variance/special exception application to the City of Fort Lauderdale and appear at any and all
scheduled hearings before the Board of Adjustment for the City of Fort Lauderdale, on the date, time and
location specified on the Hearing Notice.

I authorize my agent to communicate with the City of Fort Lauderdale regarding my pending variance/special
exception application and, by signing this authorization form, I hereby authorize the City of Fort Lauderdale to
accept and rely on any and all communications from my Authorized Agent, whether written or oral, regarding
all issues related to my pending variance/special exception application. I understand and agree that, as the
Property Owner, I remain responsible for all terms and conditions outlined in the variance/special exception
application, all required hearing appearances related to my variance/special exception application, and any
request by the City of Fort Lauderdale and/or the Board of Adjustment to submit additional document(s) and
or record(s) in support of my pending variance/special exception application.

Notwithstanding the City's receipt of my completed and executed Agent Authorization Form. I understand and
agree, the City will mail or deliver all notices relating to my pending variance/special exception application to
my property address, as listed on my variance/special exception application. I further understand and agree,
the City of Fort Lauderdale and the Board of Adjustment assume no liability for my failure or my Authorized
Agent's failure to comply with any terms or conditions outlined in my variance/special exception application,
and/or my failure or my Authorized Agent's failure to appear on my behalf at any duly noticed hearings before
the Board of Adjustment.

I further agree to INDEMNIFY AND HOLD HARMLESS and hereby RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS
AND FOREVER COVENANT NOT TO SUE the City of Fort Lauderdale, its elected officials, employees, servants,
representatives, associates, officers, agents, guests, invitees, volunteers, partners, successors and assigns from
any and all liability, claims, demands, action, judgments, costs, expenses, court costs, attorney fees and causes
of action whatsoever arising out of or related to any loss or damage to property, and/or injury to any person,
including death, WHETHER CAUSED BY, ALLEGEDLY CAUSED BY, OR CONTRIBUTED IN WHOLE OR IN PART by the
action, failure to act, negligence, breach of contract or other misconduct by my me, my Authorized Agent, my
employees, servants, representatives, associates, officers, agents, volunteers, partners, successors and assigns,



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relating in any way to the City of Fort Lauderdale’s reliance of the authority granted to my Authorized Agent pursuant to this Form.

BY SIGNING THIS RELEASE AND HOLD HARMLESS AGREEMENT, I ATTEST, AFFIRM, AND REPRESENT THAT I AM THE TITLE OWNER/AUTHORIZED PERSON FOR THE PROPERTY AND THAT ALL OF THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT: I am at least eighteen (18) years of age and of sound and competent state of mind at the time executed this Agent Authorization Form; I executed this Agent Authorization Form as an expression of my own free act and deed; There are no oral representations or statements, apart from this Agent Authorization Form and intend to be bound by its terms; and I was not induced by the City, its employees and/or agents, or anyone, to execute this

Agent Authorization Form. ***Please provide proof of ownership. If the property is owned by an Corporation, please submit Sunbiz Verification with this form.**

WITNESS:

Witness Signature

Signature - Owner/Authorized Individual

Print Name

Print Name - Owner/ Authorized Individual

Date

Print Title - Authorized Individual

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____. by

_____, an individual who is personally known to me ____ or has produced _____ as identification

[NOTARY SEAL]

(Signature of Notary Public- State of Florida)

My Commission Expires:

Print, Type, or Stamp Commissioned Name of Notary Public)