

Owner/Applicant Signature Authorization

Project Name: Bee Well Pediatrics Medical Building

Application and/or Permit # (if available): N/A

I hereby designate and authorize the agent listed below to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish on request supplemental information in support of this application. In addition, I authorize the below-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization.

I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S. and 18 U.S.C Section 1001.


Printed Name of Authorized Agent: Stephen Cooper P.E., SCPE

Signature of Authorized Agent: 

Date: 9/16/2022

Typed/Printed Name of Owner/Applicant: Veronica Espinoza

Corporate Title if Applicable: NO

Signature of Owner/Applicant: 

Date: 9/16/22