



Building Department

Limited Power of Attorney

Date: _____

I hereby appoint: _____

an agent of: _____

(Name of Company)

To be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option)**:

___ All permits and applications submitted by this contractor

___ The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

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

Signature

(Notary Seal)

Print or type name

Notary Public – State of Florida

Commission No. _____

My Commission Expires: _____