



LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and 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 _____

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

Print or type name

(Notary Seal)

Notary Public – State of : _____

Commission No. : _____

My Commission expires: _____