



LIMITED POWER OF ATTORNEY

**Altamonte Springs, Casselberry, Lake Mary, Longwood, Sanford,
Seminole County, Winter Springs**

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.

Or

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 of Notary

Print or type Notary name

(Notary Seal)

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____