

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.

OR

The specific permit and application for work located at: _____

(Street Address)

A notarized completed form must be submitted with each application if the License Holder is not listed as the applicant. This form is valid for up to five (5) years from the notarized date unless specified differently below.

Expiration Date of this form if less than 5 years: _____

It is the License Holder's responsibility to make sure this form is kept up to date

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20_____, by _____ (name of person acknowledging), who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____

(Notary Seal)