



LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint _____ an agent of _____ 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):

To sign for any and all permits and applications submitted by this contractor.

OR

To this specific job for work to be performed at:

Alternate Key # _____ Parcel Folio Number _____

Expiration date for this Limited Power of Attorney: _____

License #

License Holder Name

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 has produced _____ as identification and who did or did not take an oath.

Signature

Print or Type Name

(Notary Seal)

Notary Public –State of: _____

Commission No. : _____

My Commission expires: