

# 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 \_\_\_\_\_,  
201\_\_\_\_, 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 \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_