



CITY OF WINTER GARDEN
300 WEST PLANT STREET
WINTER GARDEN, FL 34787

P: 407.656.4111
WWW.WINTERGARDEN-FL.GOV

WINTER GARDEN • A charming little city with a juicy past.

LIMITED POWER OF ATTORNEY

I HEREBY AUTHORIZE _____
(PERSON YOU ARE GIVING PERMISSION TO)

OF _____
(NAME OF COMPANY YOU ARE GIVING PERMISSION TO)

TO SIGN HIS/HER NAME ON MY BEHALF IN ORDER TO APPLY FOR A _____ PERMIT
(TYPE OF PERMIT)

FOR THE WORK BEING PERFORMED AT:

LOT _____ SUBDIVISION _____

ADDRESS _____

(TYPE OR PRINT NAME OF COMPANY GIVING PERMISSION – IF APPLICABLE)

(NAME OF PERSON GIVING PERMISSION)

(SIGNATURE OF LICENSED CONTRACTOR)

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____

200____, BY _____

WHO IS/ARE PERSONALLY KNOWN TO ME _____ OR HAS/HAVE PRODUCED _____

(NOTARY SIGNATURE)

(NOTARY STAMP)