



# CITY OF PORT ORANGE

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COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION  
1000 CITY CENTER CIRCLE  
PORT ORANGE, FLORIDA 32129  
TELEPHONE 386-506-5602  
FAX 386-506-5699  
[www.Port-Orange.org](http://www.Port-Orange.org)

## LIMITED POWER OF ATTORNEY

I hereby authorize \_\_\_\_\_ to drop off and pick up permits on my behalf, upon presentation of a notarized copy of this letter, for the construction project at \_\_\_\_\_ for the following licensed contractor: Business name \_\_\_\_\_  
Qualifier Name \_\_\_\_\_ License# \_\_\_\_\_  
Qualifier Signature \_\_\_\_\_

**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.

\_\_\_\_\_  
Notary Public Signature

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