



LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint _____ an employee as defined in Florida Statute 489.103, to be my lawful attorney in fact to act for me and apply for a _____ permit for work to be performed at the location described as:

(Address of Job)

(Owner of Property)

And to sign my name and do all things necessary to this appointment.

(Signature of Certified Contractor)

(Printed Name of Contractor and License Number)

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
_____ (type of identification) as identification and who did take an oath.

Signature of Notary Public, State of Florida

(SEAL)

Print/Type/Stamp Name of Notary Public