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Power of Attorney

LIMITED POWER OF ATTORNEY

**Altamonte Springs, Casselberry, Lake Mary, Longwood, Oviedo, 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.
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 by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ who is personally known to me/or who has produced _____ as identification and who did/did not take an oath.

Signature

Print or Type Name

(Notary Seal)

Commission Number: _____

My Commission Expires: _____

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