



**LIMITED POWER OF ATTORNEY**  
 Development Services – Building Division  
 150 N. Lakeshore Drive | Ocoee, FL 34761  
 Phone: 407.905.3104 | Fax: 407.905.3155  
 Online Services: <http://permits.ocoee.org>



Received Date – Office Use Only

PERMIT No.: \_\_\_\_\_

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:

The specific permit and application for work located at:

\_\_\_\_\_  
 (Street Address)

License Holder Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Signature of License Holder: **X**  
 \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF ORANGE**

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_,  
 who is personally known to me [ ] or produced [ ] \_\_\_\_\_ as identification and did not  
 take an oath.

\_\_\_\_\_  
 Signature of Notary Public (SEAL)