



**CITY OF APOPKA
BUILDING DIVISION**

407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line

LIMITED POWER OF ATTORNEY

Date: _____

I, _____, do 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 this specific permit and application for work located at:

(Street Address of Job)

License Holder Name:
State License Number:
Signature of License Holder:

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 and who did (did not) take an oath.

Notary Public

Notary Seal:

Print Name