



**DIVISION OF BUILDING SAFETY**

201 S. Rosalind Avenue, 1<sup>st</sup> Floor

Reply To: Post Office Box 2687 ▪ Orlando, Florida 32802-2687

Phone: 407-836-5550

www.ocfl.net/building

**POWER OF ATTORNEY**

Date: \_\_\_\_\_

I hereby name and appoint \_\_\_\_\_

of \_\_\_\_\_ to be my lawful attorney-in-fact to

act for me, and apply to the Division of Building Safety for a \_\_\_\_\_ permit

for work to be performed at a location described as:

Parcel ID #: Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Subdivision \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_  
(15 Digit Parcel Number)

Subdivision Name: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
(Contractor Name) (Type or Print)

\_\_\_\_\_  
(Contractor's License Number)

\_\_\_\_\_  
(Contractor Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_

of 20\_\_\_\_, by \_\_\_\_\_

who is personally known to me or who produced \_\_\_\_\_

as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public (Print name)

Seal

\_\_\_\_\_  
Notary Public (Signature)