



DIVISION OF BUILDING SAFETY

201 S. Rosalind Avenue, 1st 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: _____

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)