

Town of Windermere Building Department

Limited Power of Attorney

Date:	
I hereby appoint:	
an agent of:(Nar	ne of Company)
To be my lawful attorney-in-fact to act appointment permit.	for me to apply for, receipt for, sign for and do all things necessary to this application for work located at:
(Stre	eet Address)
Expiration Date for This Limited Power of	Attorney:
License Holder Name:	State License Number:
Signature of License Holder:	
Witness Signature:	Witness Signature:
Witness Printed Name:	Witness Printed Name:
STATE OF FLORIDA	COUNTY OF
	acknowledged before me 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
(Notary Seal)	Print or type name Notary Public – State of Florida Commission No. My Commission Expires: