



BUILDING DIVISION

Community Development Department, 1776 Independence Lane, Maitland, FL 32751
Phone (407) 539-6248 FAX (407) 539-6275 www.itsmymaitland.com

LIMITED POWER OF ATTORNEY

Date: _____

I hereby authorize _____

to be my lawful attorney in fact to act for me, and apply to the Building Life Safety Division for a

_____ permit for work performed at the following address:

For the following licensed contractor:

Business Name _____

Qualifier Name _____ License# _____

Qualifier Signature _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____

By _____, who is personally know to me or

Produced _____ as identification.

Notary Public Signature

My Commission Expires: _____