



## LIMITED POWER OF ATTORNEY

### I. IDENTIFICATION

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

For Work Site Address: \_\_\_\_\_

Licensed Contractor Business Name: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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### II. AFFIRMATION

I hereby authorize \_\_\_\_\_ (Agent) to be my lawful attorney in fact to act for me, and to apply to the City of Maitland, Community Development Department, Building Safety Division for a \_\_\_\_\_ Permit Application for work proposed/performed at the above referenced work site address.  
Select Trade

**Licensed Contractor Qualifier Signature:** \_\_\_\_\_

#### STATE OF FLORIDA, COUNTY OF ORANGE,

The foregoing instrument was acknowledged before me by means of  physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Name of Person Making Statement)

*(Seal)*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known:

or Produced Identification:

Type of Identification Produced: \_\_\_\_\_