POWER OF ATTORNEY AND AUTHORIZATION TO DRAW CONSTRUCTION PERMITS

FROM: _____

_____

_____

(**1)** Contractor's Name
(2) Type license held
(3) County Registration Number
(4) Name of individual who will permit

TO: Highlands County Building Department
Post Office Box 1926
Sebring, FL 33870

DATE: _____

I, **(1)** _____ the holder of Highlands County **(2)** _____ contractor license registration number **(3)** _____, hereby name, constitute, and appoint **(4)** _____ my attorney-in-fact for the purpose of applying for and receiving permits in my name. I hereby represent and warrant to Highlands County that all work performed under my supervision, and that I shall be fully responsible for the proper performance of said work.

(Check one of the following)

( ) This power of attorney and authorization to draw permits is limited to the job described as _____ .
(job location)

( ) This power of attorney and authorization to draw permits shall expire on _____.
(date of expiration)

( ) This power of attorney and authorization to draw permits shall continue in full force and effect until I deliver to you a letter revoking the power.

_____ _____
Type of identification provided **Signature of Contractor**

STATE OF FLORIDA
COUNTY OF HIGHLANDS

Subscribed and sworn to before me this _____ day of _____ 20 ____

_____
Notary Public

_____
Commission:

_____ _____
Type identification provided **Signature of designated attorney in fact.**

Subscribed and sworn to before me this _____ day of _____,20 _____.

_____
Notary Public

_____
Commission:

Revised 2 12 19