



CITY OF PORT ORANGE

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE 386-506-5602
FAX 386-506-5699
www.Port-Orange.org

LIMITED POWER OF ATTORNEY

I hereby authorize _____ to drop off and pick up permits on my behalf, upon presentation of a notarized copy of this letter, for the construction project at _____ for the following licensed contractor: Business name _____
Qualifier Name _____ License# _____
Qualifier Signature _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public, Commission No. _____

(Name of Notary typed, printed or stamped)