

**POWER OF ATTORNEY AND AUTHORIZATION TO
DRAW CONSTRUCTION PERMITS**

FROM: _____

- (1) Name of contractor
- (2) Type license held
- (3) County Reg. No.
- (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 _____.
(type construction-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: