

**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 _____ .
(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: