



Osceola County Building Office  
1 Courthouse Square Suite 1400  
Kissimmee, FL 34741  
Ph: (407) 742-0200 Fax: (407) 742-0202

## POWER OF ATTORNEY

Permit #: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Street City State Zip

Description of work: \_\_\_\_\_

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_  
(Print Name of License Holder)

Phone #: \_\_\_\_\_

As contractor for the above referenced permit, I hereby authorize  
\_\_\_\_\_ to sign documents related to the above mentioned address.  
(Print Name)

\_\_\_\_\_  
(Signature of License Holder)

State of County of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_  
day of \_\_\_\_\_, by \_\_\_\_\_  
Who \_\_\_\_\_ is personally known to me or \_\_\_\_\_ has produced  
\_\_\_\_\_ as identification, and \_\_\_\_\_ did take an oath  
\_\_\_\_\_ did not take an oath.

\_\_\_\_\_  
Print name:

\_\_\_\_\_  
Notary signature:  
(seal)