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)

http://share/sites/GM/Intake/Permit%20Documents/Forms/AllItems.aspx
Revised 02/10