



Town of Oakland Building Department

Limited Power of Attorney

Date: _____

I hereby appoint: _____

an agent of: _____
(Name of Company)

To be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment permit.

The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____ State License Number: _____

Signature of License Holder: _____

Witness Signature: _____ Witness Signature: _____

Witness Printed Name: _____ Witness Printed Name: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of ___ physical presence or ___ online notarization. this ___ day of ___, ___ (year), by _____ who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument, and who did take an oath.

Signature of Notary Public – State of Florida

My commission expires:

(Print, type, or stamp commissioned name of Notary Public)