POWER OF ATTORNEY

Company Name:	Date:
Address:	
Phone Number:	
I, of	hereby give
limited power of attor	rney to sign my name for permits,
in the City of Minneola. This includes applying for and	l picking up such permits. If I wish
forto stop signing for a	nd picking up permits in my name,
I will send you a letter stating such intent.	
	Signature of licensed contractor
	Contractor license #
Sworn to and subscribed to me on thisday of	,
is personally known to	me.
Notary Public	
My commission expires	