



CITY OF CLERMONT
DEVELOPMENT SERVICES DEPARTMENT

POWER OF ATTORNEY

Date

I hereby name and appoint

To be my lawful attorney in fact to sign my documents pertaining to permits for the City of Clermont - Building Services. (Check and complete the following)

To sign for any and all documents until further notice.

OR

To this specific job for work to be performed at:

Location:

Alternate Key #

Parcel ID #: Section Township Range

Lot Block Subdivision

Company name

License #

Name of Certified Contractor (Type or Print)

Signature of Certified Contractor

State of Florida
County of Lake

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_, 20\_\_\_, by \_\_\_ who, are personally known to me or who has provided \_\_\_ as identification, and who did take an oath.

Signature - Notary Public

Printed Name - Notary Public

My Commission Expires: