



CITY OF WINTER GARDEN  
300 WEST PLANT STREET  
WINTER GARDEN, FL 34787

P: 407.656.4111  
WWW.WINTERGARDEN-FL.GOV

**WINTER GARDEN • A charming little city with a juicy past.**

### LIMITED POWER OF ATTORNEY

I HEREBY AUTHORIZE \_\_\_\_\_  
(PERSON YOU ARE GIVING PERMISSION TO)

OF \_\_\_\_\_  
(NAME OF COMPANY YOU ARE GIVING PERMISSION TO)

TO SIGN HIS/HER NAME ON MY BEHALF IN ORDER TO APPLY FOR A \_\_\_\_\_ PERMIT  
(TYPE OF PERMIT)

FOR THE WORK BEING PERFORMED AT:

LOT \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF COMPANY GIVING PERMISSION – IF APPLICABLE)

\_\_\_\_\_  
(NAME OF PERSON GIVING PERMISSION)

\_\_\_\_\_  
(SIGNATURE OF LICENSED CONTRACTOR)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

20 \_\_\_\_\_, BY \_\_\_\_\_

WHO IS/ARE PERSONALLY KNOWN TO ME \_\_\_\_\_ OR HAS/HAVE PRODUCED \_\_\_\_\_

\_\_\_\_\_  
(NOTARY SIGNATURE)

\_\_\_\_\_  
(NOTARY STAMP)