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, **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)