



**CITY OF
MOUNT
DORA**

**BUILDING & FIRE PREVENTION
CONSTRUCTION SERVICES**

Building & Fire Prevention Construction Services

510 North Baker Street

Mount Dora, FL 32757

(352) 735-7115

Fax: (352) 735-7191

Email: building@cityofmountdora.com

POWER OF ATTORNEY

BFP-010

Date: _____

I hereby name and appoint: _____

An agent of: _____

(name of company)

to be my lawful attorney-in-fact to sign my documents pertaining to permits for the City of Mount Dora Building Department.

Check and complete one of the following:

1) To sign for any and all documents. Power of Attorney will expire **one (1) year** following the filing date of this document.

2) To this **specific job**, for work to be performed at:

Street Address: _____

Name of Contractor: _____

State License Number: _____

Signature of Contractor: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by

_____ who is personally known to me or who produced _____ as identification.

NOTARY SEAL:

(Signature of Notary Public)

(Typed or Printed Name of Notary)