

POWER OF ATTORNEY AND AUTHORIZATION  
TO DRAW CONSTRUCTION PERMITS

FROM: \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Company Phone #)



TO: City of Lake Wales Development Services  
201 W. Central Ave  
Lake Wales, FL 33853

I, \_\_\_\_\_, THE HOLDER OF STATE  
REGISTRATION NUMBER \_\_\_\_\_, HEREBY NAME, CONSTITUTE AND  
APPOINT \_\_\_\_\_ AS MY ATTORNEY-IN-FACT FOR THE  
PURPOSE OF APPLYING FOR AND RECEIVING PERMITS IN MY NAME. I HEREBY  
REPRESENT AND WARRANT TO THE CITY OF LAKE WALES THAT ALL WORK  
PERFORMED UNDER THE AUTHORITY OF SUCH PERMITS SHALL BE PERFORMED BY  
ME OR UNDER MY SUPERVISION, AND THAT I SHALL BE FULLY RESPONSIBLE FOR  
THE PROPER PERFORMANCE OF SAID WORK.

This Person IS  or IS NOT  an employee of the Contractor

TO BE MY LAWFUL ATTORNEY-IN-FACT FOR THE PURPOSES HEREIN TO ACT FOR  
ME TO APPLY FOR, RECEIVE, SIGN FOR AND DO ALL THINGS NECESSARY TO  
ALLOW ISSUANCE OF THE SUBJECT PERMIT.

THE SPECIFIC PERMIT AND APPLICATION FOR WORK LOCATED AT:

\_\_\_\_\_  
(Street Address)

**I WILL MAKE THE CITY OF LAKE WALES  
AWARE OF ANY CHANGES.**

\_\_\_\_\_  
(Signature of Contractor)

\_\_\_\_\_  
(written name of contractor)

\_\_\_\_\_  
Personally Known  
Produced ID \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF POLK

Subscribed and sworn to me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Seal:

\_\_\_\_\_  
(Signature of Designated Attorney-In-Fact)

\_\_\_\_\_  
(Written name of Designated Attorney-In-Fact)

\_\_\_\_\_  
Personally Known  
Produced ID \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF POLK

Subscribed and sworn to me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Seal: