



**Marion County  
Board of County Commissioners**

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

**LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_ hereby appoint \_\_\_\_\_  
(Contractor name) (Appointee name)

To be my lawful attorney-in-fact to act for me and apply to Marion County Building Safety for a permit to perform construction, at a location described below:

Parcel no.: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_

Job address: \_\_\_\_\_

Job description: \_\_\_\_\_

Property owner: \_\_\_\_\_

And to sign my name, and do all things necessary to this appointment as it pertains to Marion County Building Safety and Marion County Growth Services.

Contractor: \_\_\_\_\_  
Printed full name (First name, MI, last name)

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced