



**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