

City Of Clewiston
Community Development Department

121 Central Avenue Clewiston, Florida 33440
Phone: 863-983-1500 • Fax: 863-983-1430
www.clewiston-fl.gov

CONTRACTOR'S AUTHORIZED SIGNATURE FORM
(MUST BE NOTARIZED)

By Qualifier (print name): _____

Operating As Contractor Name: _____

Company Mailing Address: _____

City, State, Zip: _____ Phone: _____

License #: _____ Expiration date: _____

LIMITED POWER OF ATTORNEY FROM CONTRACTOR

Be it known, that I, _____ the contractor above, have made and appointed, and by these presents do make and appoint as agent (print name): _____ to be true and lawful attorney for me and in my name, place and stead, for the sole, specific and limited purpose to execute any and all documents pertaining to building permits issued and/or inspections performed by the City of Clewiston Planning, Zoning and Building Department as I, the undersigned, might or could do if personally present. The authority of the person appointed as my attorney and agent to exercise the powers granted herein shall commence on the date set below and shall remain in full force and effect until the license expiration date noted below, or death or specific written recession by either party.

I understand that, by signing this instrument, I am authorizing the City of Clewiston Planning, Zoning and Building Department to issue building permits based on the signature of my above-named attorney and agent. I further understanding that I am fully responsible and legally bound for all acts performed under my license number, including those of the agent.

State of Florida
County of Hendry

Signature of Qualifier: _____

Name of Qualifier (Print): _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By: _____

Who is/are personally known by me or who has/have produced: _____
as Identification and who did/did not take an oath.

Notary _____ Seal _____

My commission expires: _____