

**PUTNAM COUNTY PLANNING & DEVELOPMENT SERVICES
BUILDING DEPARTMENT**

2509 Crill Avenue Suite 300
Palatka, FL 32177
Fax: (386) 329-1213
Email: pzb@putnam-fl.com

Building Division: (386) 329-0307



**POWER OF ATTORNEY
Authorization Form**

Date: _____

I, _____, license holder for _____

License number _____ Contractors signature _____

Hereby name and appoint the following person(s)

To be my lawful attorney-in-fact to

(a) Sign and submit permit applications, (b) obtain building permit, and/or (c) obtain the certificate of occupancy
(Circle all that apply).

Contractor is responsible for maintaining appointed person(s). _____
(Initial)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of
☐ Physical presence or ☐ online notarization this ____ day of _____,
of 20____, by _____, who is personally known to me ()
or has produced _____ as identification

Seal

Notary Public (Signature)

Notary Public (Print name)