

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

2509 Crill Avenue Suite 300  
Palatka, FL 32177  
Fax: (386) 329-1213

Building Division: (386) 329-0307  
Licensing Division: (386) 329-0461



**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 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)