



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

PERMITTING SERVICES

803-A Bill Beck Boulevard, Kissimmee Fl. 34744

407-518-2964

codecomp@osceola.k12.fl.us

POWER OF ATTORNEY

PERMIT DELIVERY/PICK UP AUTHORIZATION

DATE: _____ PERMIT NO: _____

QUALIFYING AGENT'S NAME: _____

STATE OF FLORIDA LICENSE NO: _____

FACILITY NAME: _____ FACILITY NO: _____

In addition to myself, the following persons are authorized by me, as the building permit holder, to submit and pick up project documents for the project listed above from the School District of Osceola County Building Department. Documents delivered/picked up by these persons shall be considered the same as if I personally delivered or received them.

Name: _____ (print) Company/Organization: _____ (print)

In addition to myself, my project superintendent is authorized to request required Building Inspections from the SDOC Building Department.

Project Superintendent: _____

This authorization is effective for the duration of this project or until rescinded or modified by me in writing.

QUALIFYING AGENT'S SIGNATURE: _____

STATE OF FLORIDA

COUNTY OF: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

(NOTARY SEAL)

Personally know _____ OR Produced Identification _____

Type of Identification Produced _____