LIMITED POWER OF ATTORNEY

Date: __________________

I hereby name and appoint: ____________________________________________

of ____________________________________________

to be my true and lawful limited attorney-in-fact to act on my behalf to:

1. Apply to the Florida Department of Health in Lake County Environmental Health for all Onsite Sewage Treatment and Disposal System (OSTDS) permits for a period of _______________ (years and/or months).

Name of Certified Contractor or Property Owner (Type or Print)

_________________________/__/____

Signature of Certified Contractor or Property Owner     Date

Contractor License Number (if applicable)

State of ______________
County of ______________

The foregoing instrument was acknowledged before me this _______ day of ____________, 20__, by ____________________________ who is personally known to me or has produced ____________________________ as identification and who did _____ or did not _____ take an oath.

__________________________
Notary Public

Commission expiration date: ________________

Rev. 04-2013