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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: \_\_\_\_\_