LIMITED POWER OF ATTORNEY

,, do hereby authorize			to be	be
my representative and act on my behalf in all aspe	cts of applyin	ng for a		
permit to be placed on my property described as:	Sec	Twp	S	
RgeE Tax Parcel No	in Suwa	nnee County,	Florida.	
(Property Owner Signature)				
(Date)				
Sworn to and subscribed before me this da	y of	, 20	<u> </u>	
Notary Public				
My Commission expires: Commission No Personally known: Produced ID (Type)				