

# City of Livonia

## Inspection Department

33000 Civic Center Drive - Livonia, Michigan 48154

(734) 466-2580 – Fax (734) 466-2095

### LIMITED POWER OF ATTORNEY INSTRUCTIONS SHEET

#### CONTRACTOR:

If you are not personally coming into the City of Livonia Building Inspection Department office to register and pull permits, or if you wish to designate a representative whom you authorize to act on your behalf to obtain permits in your name, we require a notarized Limited Power Of Attorney form.

1. List the name(s) of the person (people) whom you are giving this limited power of attorney on your behalf on the line after the wording “do hereby appoint” and also on the line just before the wording “will sign my name, etc”. If you do not wish to designate a representative and no one other than yourself, the license holder, will be signing applications and you wish to register by mail and pull permits by mail, you must list yourself, the license holder, on the lines described above and please note somewhere on the form that you will be the only one signing the permit application(s) and will be sending the application(s) by mail.
2. List the date you wish for this Limited Power Of Attorney to expire not to exceed the date of your current registration. You must notify the City of any changes or revocation done prior to the expiration date.
3. Sign form in the presence of a Notary Public and have the form notarized. A Notary Public is available in the Inspection Department free of charge for departmental business. Call ahead to ensure they are on duty. Out of state Notaries will require a notary seal.
4. A Limited Power Of Attorney form authorizes the person (people) you designate to have said power to do anything you may do. They will sign your name and then their name as attorney in fact. This binds you as any contract does and you will be held responsible. Careful consideration should go into the decision to grant any Power Of Attorney. You may wish to consult an attorney prior to executing said document.

**LIMITED POWER OF ATTORNEY**

To Whom It May Concern:

Please be advised that I, \_\_\_\_\_,

of \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_,

Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_ do hereby appoint

\_\_\_\_\_ as my attorney in fact for the

explicit purpose of executing documents in my stead, specifically builders/contractors

registration with Governmental units, and executing permit applications with said

Governmental units.

This limited power of attorney, hereinafter LPA, would be authorized for other associated documents that may be required to be executed by myself by said Governmental units in connection with the registration or permit applications.

\_\_\_\_\_ will sign my name and also sign their name as attorney-in-fact and attach a true copy of this document and it will have the same effect and standing as if I had executed the document in person. If multiple persons are listed only one person is required to execute the LPA

This LPA will expire on \_\_\_\_\_.

If this LPA is revoked or modified prior to expiry date, grantor agrees to immediately notify, in writing, all entities given this LPA of said revocation or modification, without said notice the LPA will continue until expiry date.

End of LPA.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Statement of Notary  
\_\_\_\_\_ County, Michigan

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_, known to me, personally appeared before me and signed and executed this document of his/her own free will.

My commission expires: \_\_\_\_\_

Notary signature: \_\_\_\_\_  
\_\_\_\_\_ County, Michigan

Printed name: \_\_\_\_\_

**If a Corporation, this must be completed by license holder/qualifying officer.**