

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLER LETTER OF AUTHORIZATION

(JOB SPECIFIC)

Use if only authorized for a specific address

I, Christopher Olin, give this authority for the job address shown below ONLY,
(Installer License Holder's Name)
631 SE CROFT ST LULU, and I do certify that the below referenced person(s)
(Job Site Address)
listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1. <u>Barbara ERZINGER</u> <u>Bolski</u>	1. <u>Barbara Erzinger</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license. I understand that I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Christopher Olin
License Holders Signature (Notarized)

1H/1025395
License Number

07-09-26
Date

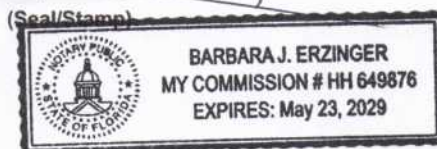
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: DUVAL

The above license holder, whose name is Christopher Olin, personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this 9th day of July, 20 26

Barbara Erzinger
Notary's Signature

Barbara Erzinger
Notary's Printed Name



Published 10/2025