

# COLUMBIA COUNTY BUILDING DEPARTMENT AGENT AUTHORIZATION TO SIGN FOR PERMITS

## (BLANKET)

\*Use if authorized to pull all permits on your behalf\*

\*License holder still MUST sign Owner and Contractor Signature Page\*

I, BARRY JACOBSON (License Holder Name), licensed qualifier for SOLAR IMPACT (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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>Deborah Singletary</u>	1. <u>[Signature]</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 and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Signature]  
License Holders Signature (Notarized)

CVL 56761  
License Number

12/11/25  
Date

**NOTARY INFORMATION:**

STATE OF: FL COUNTY OF: Alachua

The above license holder, whose name is BARRY JACOBSON, personally appeared before me and is  known by me or  (C) has produced identification (type of I.D.) \_\_\_\_\_ on this 11 day of December 20 25

[Signature]  
Notary's Signature

(Seal/Stamp)

Haydn Brasher  
Notary's Printed Name



**HAYDN BRASHER**  
Commission # HH 700495  
Expires July 21, 2029

**Published 10/2025**