



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 INSTALLERS LETTER OF AUTHORIZATION

I, DAVID ALBRIGHT, give this authority for the job address show below  
Installer License Holder Name  
 only, TBD SE Diamondback GLN High Springs FL, and I do certify that  
Job Address

the below referenced person(s) 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 Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
James Warren	<i>James Warren</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and 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.

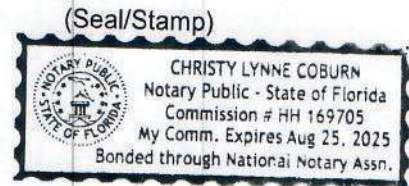
*David Albright* License Holders Signature (Notarized)      1H-1129420 License Number      2-20-23 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is DAVID ALBRIGHT, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 20th day of Feb, 2023.

*Christy Lynne Coburn*  
 NOTARY'S SIGNATURE





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 INSTALLERS AGENT AUTHORIZATION

I, DAVID ALBRIGHT, give this authority and I do certify that the below  
Installers Name  
 referenced person(s) 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 Authorized Person	Signature of Authorized Person	Agents Company Name
JAMES WARREN	<i>James Warren</i>	FREEDOM MOBILE HOME SALES, INC
STEVE SMITH	<i>Steve Smith</i>	FREEDOM MOBILE HOME SALES, INC

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and 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.

*David Albright* License Holders Signature (Notarized)      1H-1129420 License Number      12-20-22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 20<sup>th</sup> day of DECEMBER, 20 22.

*Linda Penhaligon*  
 NOTARY'S SIGNATURE

(Seal/Stamp)

