

# Columbia County, Florida

## Mobile Home Letter of Authorization from Property Owner

(Required for Mobile Home Placement Permits)

This form confirms that the property owner is aware of and consents to the mobile home permit application being submitted for their property.

### PROPERTY INFORMATION

Property Address: 1632 SW Old Wire Rd  
City/State/Zip: Lake City FL 32024  
Parcel ID #: 14-55-16-03617-602

### OWNER INFORMATION

Owner Name(s): Cynthia Davis  
Mailing Address: 1632 SW Old Wire Rd  
City/State/Zip: Lake City FL 32024  
Phone Number: 380 365 0834  
Email: gabrbait66@gmail.com

### AUTHORIZED STATEMENT

I, the undersigned **property owner**, acknowledge that a **mobile home permit application** is being submitted for placement of a mobile home on the above-referenced property.

I confirm that I am **aware of this application** and hereby **consent to the placement of a mobile home** on my property in accordance with all applicable Columbia County regulations, the Florida Building Code, and any zoning or floodplain requirements.

I understand that as the property owner, I remain **responsible for ensuring full compliance** with all local and state requirements related to this mobile home placement.

### OWNER SIGNATURE

✓ Owner Signature: *Cynthia S. Davis*  
Printed Name: Cynthia S. Davis  
Date: 3/31/20

**If property is Co-Owned, both owners must sign (unless married). A Landowner Affidavit may be required dependent upon who the home is placed for. This will be determined upon review.**

Co-Owner Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### NOTARY ACKNOWLEDGEMENT

State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me this 31 day of March, 2020, by Cynthia Davis who is ( ) personally known to me or (✓) has produced the following identification: DL.

### Notary Public

Notary Printed Name: Broderick D Pack Notary Seal:  
Notary Signature: *[Signature]*



**BRODERICK D. PACK**  
Commission # HH 662366  
Expires August 9, 2029