

# COLUMBIA COUNTY BUILDING DEPARTMENT AGENT AUTHORIZATION TO SIGN FOR PERMITS

## (JOB SPECIFIC)

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

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

I, Michael Polster (License Holder Name), licensed qualifier for Nextedge Infrastructure Services, LLC (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 for the job address shown below ONLY.

Job Site Address: 917 SW CHARLES TERRACE LAKE CITY, FL 32024

Printed Name of Person Authorized	Signature of Person Authorized
1. Harrison Frye	1. <i>H Frye</i>
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.

*Michael*  
License Holders Signature (Notarized)

CGC1537006/EC13014291

2/25/26

License Number

Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Duval

The above license holder, whose name is Michael Polster personally appeared before me and is (s) known by me or (c) has produced identification (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Daniel Bathone*  
Notary's Signature

Faris Daniel Bathone  
Notary's Printed Name



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