

**APPLICATION AGENT AUTHORIZATION FORM**

TO: Columbia County Zoning Department  
135 NE Hernando Avenue  
Lake City, FL 32055

**Authority to Act as Agent**

On my/our behalf, I appoint Heide Morrison  
(Name of Person to Act as my Agent)

for North FL Building Permits, LLC  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for Building Permits  
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: Catherine Todd / Greg Todd

Applicant/Owner's Title: property owner - mobile home owner

On Behalf of: \_\_\_\_\_  
(Company Name, if applicable)

Telephone: 386-965 5568 Date: 4-27-26

Applicant/Owner's Signature: Catherine Todd

Print Name: Catherine Todd / Greg Todd  
Greg Todd

STATE OF FLORIDA  
COUNTY OF Columbia

The Foregoing instrument was acknowledged before me this 28<sup>th</sup> day of April, 2026, by Catherine Todd & Greg Todd,  
whom is personally known by me  OR produced identification .  
Type of Identification Produced \_\_\_\_\_

Valena Reed Driggers  
(Notary Signature)

(SEAL)

