

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 INSTALLER AGENT AUTHORIZATION (BLANKET)

Use if authorized to pull all permits on your behalf

I, Jacob Trowell, give this authority, and I do certify that 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 Person Authorized	Signature of Person Authorized
1. Sonya North	1. Sonya North
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. I understand that 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.

[Signature]
License Holders Signature (Notarized)

IH-1148380
License Number

7/10/26
Date

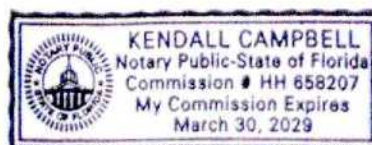
NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Jacob Trowell personally appeared before me and is ☒ known by me or ☐ has produced identification (type of I.D.) _____ on this 12 day of JULY, 2026.

(Seal/Stamp)

[Signature]
Notary's Signature
Kendall Campbell
Notary's Printed Name



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