



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, William Price 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
Oda Price	<i>[Signature]</i>	Price Rite Enterprises Inc
Jessie Shepard	<i>[Signature]</i>	Price Rite Enterprises Inc.
Michelle Langford	<i>[Signature]</i>	Price Rite Enterprises 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.

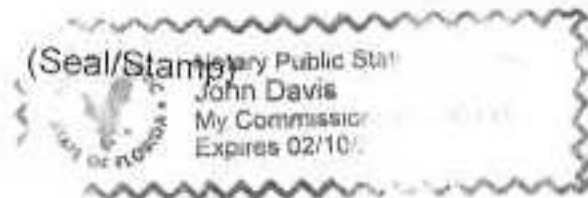
*[Signature]* License Holders Signature (Notarized)      14-1041934 License Number      4-27-22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 27<sup>th</sup> day of April, 2022.

*[Signature]*  
 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 LETTER OF AUTHORIZATION

I, William R Price give this authority for the job address show below  
Installer License Holder Name 124 SW Beauport Place  
 only, Old wire rd Lake City 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)
Oda Price	<i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Jesse Shepard	<i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
Michelle Langford	<i>[Signature]</i>	<input checked="" 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.

*[Signature]* License Holders Signature (Notarized) 14-1041936 License Number 4-27-22 Date

NOTARY INFORMATION:  
 STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 27<sup>th</sup> day of April, 2022.

*[Signature]*  
 NOTARY'S SIGNATURE

