

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 Re-roof application
(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: Michael Morrison

Applicant/Owner's Title: Owner

On Behalf of: _____
(Company Name, if applicable)

Telephone: (386) 984-2902 Date: 03/31/2025

Applicant/Owner's Signature: [Signature]

Print Name: Michael Morrison

STATE OF FLORIDA
COUNTY OF Wayne

The Foregoing instrument was acknowledged before me this 3 day of April, 2025, by Michael Morrison, whom is personally known by me OR produced identification T.
Type of Identification Produced _____

[Signature]
(Notary Signature) (SEAL)



Darlene E. Floyd
Comm.: HH 236581
Expires: March 6, 2026
Notary Public - State of Florida