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 SHRENK (License Holder Name), licensed qualifier for REECE BUILDERS / WINDOWS, INC (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: 316 SE ROSEWOOD CIR., LAKE CITY, FL 32025

Printed Name of Person Authorized	Signature of Person Authorized
1. MICHAEL SHRENK	1. Michael Shrenk
2. ROBIN M POTTER	2. Robin M Potter
3. HEATHER STUART	3. Heather Stuart
4. FRANCES RINNA	4. Frances Rinna
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.

X Michael Shrenk
License Holders Signature (Notarized)

CGC1507607
License Number

4.23.2026
Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Pinellas

The above license holder, whose name is Michael Shrenk personally appeared before me and is (✓) known by me or ( ) has produced identification (type of I.D.) _____ on this 23rd day of April, 2026.

Cayla Natal
Notary's Signature

(Seal/Stamp)

CAYLA NATAL
Notary's Printed Name

Notary Public State of Florida
Cayla Rochelle Natal
My Commission HH 744986
Expires 12/1/2029

Published 10/2025