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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 LETTER OF AUTHORIZATION

(JOB SPECIFIC)

(*Use if only authorized for a specific address*)

I, Jason J. Kienlen (Installer License Holder's Name), give this authority for the job address shown below ONLY, 275 SW Sunrise Way, LC, FL 32024 (Job Site Address), 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. Judy Neville	1. Jneille
2. Jason Kienlen	2. Jason Kienlen
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.

Jason Kienlen — License Holders Signature (Notarized)

CI150987 — License Number

5/21/2026 — Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Jason Kienlen personally appeared before me and is (○) known by me or (☒) has produced identification (type of I.D.) State DL on this 21 day of May, 2026.

(Seal/Stamp)

Clinton Sparkman — Notary's Signature

Clinton Sparkman — Notary's Printed Name

CLINTON SPARKMAN
Notary Public
State of Florida
Comm# HH708761
Expires 8/11/2029

Published 10/2025