Price Rite Enterprise Inc. "Where Quality Meets Value" 386-963-4298 Authorized Agent Form

I, TERRACE Blanken bukebo HERBY AUTHORIZE: **ODA PRICE** JESSIE SHEPARD TO PULL MY PERMITS AND ACT ON MY BEHALF AS MY AUTHORIZED AGENT, IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME PERMIT. Blankenbaker SIGNATURE 4914 NW Lassie Blackst. White Springs FC 4-20-21 SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 204 DAY OF April 202/ (STAMP) John Janis NOTARY PUBLIC PRINT MY COMMISSION EXPIRES: COMMISSION NO: GG199976 PERSONALLY KNOWN: 6V PRODUCED ID. (TYPE):_



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
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Installer License Holder Na	give this autho	rity for the job address show below
Mistaller Licerise Holder Na	ime	not the job address show below
only, 4914 NW 29	SSIE Black St.	, and I do certify that
	and Address	or any triat
the below referenced person(s)	listed on this form is/are unde	er my direct supervision and control
and israre authorized to purcha	se permits, call for inspections	and sign on my behalf.
Printed Name of Authorized	Signature of Authorized	Authorized D
Person	Person	Authorized Person is (Check one)
Oda Price Jessie Shepard	Cori	Agent Officer Property Owner
Jessie Shepard	Junim Alupa	Agent Officer Property Owner
4		Agent Officer Property Owner
l understand that the State Licer holder for violations committed be document and that I have full res	y him/her or by his/her authori	ized person(s) through this nted by issuance of such permits.
1 titles	11-	1-11/1/1926 W-19 21
License Holders Signature (Nota	rized) License	1-1041936 4-19-21 Number Date
NOTARY INFORMATION:	30.	
STATE OF: Florida	COUNTY OF: Colum	on Suvannee
The above license holder, whose personally appeared before me a (type of I.D.)	name is William O.	duced identification.
NOTARY'S SIGNATURE	No.	(Seal/Strang blic State of Florida John Davis My Commission GG 299936 Expires 02/10/2023



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MOBILE HOME INSTALLERS AGENT AUTHORIZATION William Price

Installers Name	give this authorit	y and I do certify that the below
referenced person(s) listed on	this form is/are under my direct	
is/are authorized to purchase	permits, call for inspections and	sign on my behalf.
Printed Name of Authorized Person		Agents Company Name
Oda Price Jessie Shepard	Och .	Price Rife Enter prisely
Jessie Shepard	June Mysel	Price Rite Enterprise 1.
I, the license holder, realize that	at 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.		The state of the s
I understand that the State Lice	ensing Board has the power and	authority to discipling a linear
holder for violations committed	by him/her or by his/her authoriz	red person(s) through this
document and that I have full re	esponsibility for compliance gran	ted by issuance of such permits.
<i>t</i>		, see a see of oddin permits.
HARAL OF		
DULLER	114-11	94/1936 W-19-21
License Holders Signature (Not	arized) License N	Number Date 4-19-21
NOTARY INFORMATION:		
STATE OF: Florida	COUNTY OF: Shukun	ee_
The above license holder, whos	e name is William Paik	
personally appeared before me (type of I.D.)	and is known by me or has prod	uced identification
(1) (1) (1)	on this _/t^ day	of April , 2021.
She is		
NOTARVIS SIGNATURE		The same of the sa
NOTARY'S SIGNATURE	{	(Seal/Stamp) ary Public State of Florida
	{	My Commission GG 299936 Expires 02/10/2023
		2/10/2023