

## 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 Michael Varga, Plant Manager  
(Name of Person to Act as my Agent)

for Carlisle Construction Materials, LLC  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for a construction permit in Lake City, FL  
(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: Michele D. Welsh

Applicant/Owner's Title: Vice President, Assistant General Counsel

On Behalf of: Carlisle Construction Materials, LLC  
(Company Name, if applicable)

Telephone: 480-781-5068 Date: January 4 2022

Applicant/Owner's Signature: Michele D. Welsh

Print Name: Michele D. Welsh

STATE OF ~~FLORIDA~~ ARIZONA  
COUNTY OF \_\_\_\_\_

The Foregoing instrument was acknowledged before me this 4<sup>th</sup> day of January, 20 22, by Michele D. Welsh,  
whom is personally known by me ☒ OR produced identification ☐.  
Type of Identification Produced \_\_\_\_\_

Christie L. Giffin  
(Notary Signature)

(SEAL)

