

## 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 building mobile home permits  
(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: Adam Ford / Christian Ford.

Applicant/Owner's Title: owners.

On Behalf of: \_\_\_\_\_  
(Company Name, if applicable)

Telephone: 386-688-2304 Date: 07/10/25

Applicant/Owner's Signature: Adam & Christian Ford

Print Name: Adam & Christian Ford

STATE OF FLORIDA  
COUNTY OF Columbia

The Foregoing instrument was acknowledged before me this 10<sup>th</sup> day of July, 20 25, by Adam & Christian Ford, whom is personally known by me ☒ OR produced identification I.  
Type of Identification Produced \_\_\_\_\_

[Signature]  
(Notary Signature)

(SEAL)

