



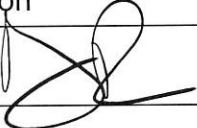
COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

***Use to authorize
Agent to pull
permit on Installers
behalf.**

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Jacob Trowell _____, give this authority and I do certify that the below
Installers Name

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 Authorized Person	Signature of Authorized Person	Agents Company Name
Brody Pack		BKP Permitting, LLC

I, the license holder, realize that 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.

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.



License Holders Signature (Notarized)

IH/1148380

License Number

09/30/2025

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jacob Trowell,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 30th day of September, 2025



NOTARY'S SIGNATURE

(Seal/Stamp)

