

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 AGENT AUTHORIZATION

I, William R. Phiw ,give this authority 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 Authorized Person	Signature of Authorized Person	Agents Company Name		
Oda Price	Cotic	Price Rite Enterpris		
Amy Johnson	au Ophen	Price Rite Enterpris		
Jessie Shepard	Jen Il	Paice Rite Enten		
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 (Nota	14-104	1/936 3-14-22 mber Date		
NOTARY INFORMATION: STATE OF: _Florida COUNTY OF: SUWAR nee				
The above license holder, whose personally appeared before me a	e name is_ <i>William R Pn</i> and is k <u>nown by me or has produc</u> on this day o	ced identification		
(type of I.D.)	on this <u>/4</u> — day o	f Murch , 20 22.		
follow	~~~	Notary Public State of Florida		
NOUNRY'S SIGNATURE	\$ 2 ⁴ (8	Notary Public State of Florida Eal/Stanpylis My Commission GG 299936 Expires 02/10/2023		



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MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, William R Phile Installer License Holder Na	give this authority	for the job address show below
	Leters Court Lake Job Address 37	
the below referenced person(s)	listed on this form is/are under n	ory
and is/are authorized to purcha	so permits call far issue (ny direct supervision and contro
	se permits, call for inspections ar	nd sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Oda Price	Clasi	Agent Officer Property Owner
Am y Johnson	auf Johnson	Agent Officer Property Owner
Jessie Shepan	All	Agent Officer Property Owner
I, the license holder, realize that under my license and I am fully Local Ordinances.	I am responsible for all permits responsible for compliance with a	ourchased, and all work done all Florida Statutes, Codes, and
holder for violations committed b	nsing Board has the power and a by him/her or by his/her authorize sponsibility for compliance grante	ed person(s) through this
License Holders Signature (Nota	arized) /// License No	19/1936 3-19-22 umber Date
NOTARY INFORMATION: STATE OF: Florida	county of: Suwan	nee
The above license holder, whose personally appeared before me a type of I.D.)	e name is William Rand is kn <u>own by me</u> or has produ on this // day	riced identification of, 20
NOTARY'S SIGNATURE		Notary Public State of Florida Seal/Stamp) Davis My Commission GG 299936 Expires 02/10/2023