

## 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 Silisen Ensley  
(Name of Person to Act as my Agent)

for \_\_\_\_\_

(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application

for Mobile Home Permit  
(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 Ballard

Applicant/Owner's Title: Owner

On Behalf of: \_\_\_\_\_

(Company Name, if applicable)

Telephone: 402-922-3296 Date: 10/21/2025

Applicant/Owner's Signature: Michele Ballard

Print Name: Michele Ballard

STATE OF FLORIDA  
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 21 day of October, 20 25, by Michele Ballard, whom is personally known by me ✓ OR produced identification ✓. Type of Identification Produced Driver's license.

Rebecca L. Arnau  
(Notary Signature)

(SEAL)



STATE OF FLORIDA  
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE  
LANDOWNER AFFIDAVIT

This is to certify that I, (We) MICHELE BALLARD  
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)  
as the owner of the below described property:

Property Tax Parcel ID number 00358-004

Subdivision (Name, Lot Block, Phase) Murray Acres UNR. PARCEL 1

Give my permission for Douglas Bradlow  
(Family Members Name) to place the following on  
this property.

Relationship to Lessee BROTHER  
(Name of parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child, or grandchild)

This is to allow a 2<sup>nd</sup>  / 3<sup>rd</sup>  (select one) Mobile Home on the above listed property for a  
family member through Columbia County's Special Temporary Use Provision. I understand that  
this is good for 5 years initially and renewable every 2 years thereafter.

This is to allow a 6 month RV  / 12 month RV  (select one) on the above listed  
property through Columbia County's Special Temporary Use Provision.

I (We) understand that the named person(s) above will be allowed to receive a move-on permit  
for the parcel number I (we) have listed above and this could result in an assessment for solid  
waste and fire protection services levied on this property.

Susan Enslow  
Printed Name of Signor  
AGENT

Susan Enslow  
Signature

10/21/2025  
Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me this 21 day of Oct, 2025 by

physical presence or  online notarization and this (these) person(s) are personally  
known to me  or produced ID FL DL.

Karen Aiken-Smoot  
Printed Name of Notary

Notary Stamp

Karen Aiken-Smoot  
Signature

