



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, Ernest Scott Johnson, 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
Lamanda Mote	<i>Lamanda Mote</i>	Permitting Services & More, 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.

*Ernest Scott Johnson*  
License Holders Signature (Notarized)

HH 1025249 10/11/22  
License Number Date

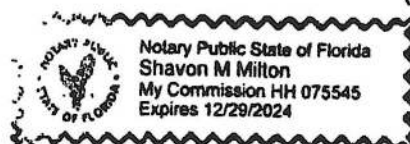
#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Ernest S. Johnson,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 11 day of October, 2022.

*Shavon M. Milton*  
NOTARY'S SIGNATURE

(Seal/Stamp)





# MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Ernest Scott Johnson, give this authority for the job address show below  
Installer License Holder Name

only, 283 SW Chippewa Glen Ft White FL 32038, and I do certify that  
Job Address

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	Authorized Person is... (Check one)
Lamanda Mote	<i>Lamanda Mote</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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.

Ernest S Johnson 1H/1025249 10/11/22  
License Holders Signature (Notarized) License Number Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Ernest S Johnson, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 11 day of October, 2022.

Sharon M. Milton  
NOTARY'S SIGNATURE

