



LETTER OF AUTHORIZATION

OWNER INFORMATION

NAME: Adams Homes of NW FL Inc.

PHONE: 352-554-8580

EMAIL: GnuPermits@adamshomes.com

PHYSICAL ADDRESS: 100 SW 75th St. Ste 107 / Billing: 100 W. Garden St. 2nd Floor
Pensacola, FL 32502

The following person(s) are authorized to act on my behalf regarding the installation of utilities.

1. Derek Sutton
2. Steve Haygood
3. Richard Keen
4. Nick AParo

If at any time the person(s) you have authorized is/are no longer agents/employees, you must notify this department in writing of the change and submit a new letter of authorization, which will supersede all previous lists. Failure to do so may allow unauthorized persons to establish utilities under your name.

Owner Signature: [Signature] ~~Present~~ Date: 8.28.21

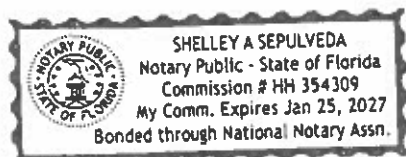
State of FL

County of Escambia

I hereby certify that on this day, William Bryan Adams personally appeared before me, by means of ☒ physical presence or ☐ online notarization, who is personally known to me or who has produced as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that they executed the same for the uses or purposes therein expressed.

Witnessed by my hand and official seal, this 28 day of August, 2021.

(NOTARY SEAL or STAMP)



[Signature]
Signature of Notary

Shelley A. Sepulveda
Printed Name of Notary



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

I, William Bryan Adams Sr. (license holder name), licensed qualifier

for Adams Homes of Northwest Florida Inc (company name), do certify that

the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. Derek Sutton	1.
2. Richard Keen	2.
3. Steve Haygood	3.
4. Nick Aparo	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

 Quarrier License Number CRC1330146 Date 8.20.21
License Holders Signature (Notarized)

NOTARY INFORMATION:
STATE OF: FL COUNTY OF: Escambia

The above license holder, whose name is William Bryan Adams,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 20 day of August, 20 21.


NOTARY'S SIGNATURE

(Seal/Stamp)

