

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, Da le Houstor	give this authority a	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		
Sonya North	Sonp Nous			
	*			
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 (Not	Ā	33271 7/19/24 umber Date		
STATE OF: Florida COUNTY OF: Columbia				
The above license holder, whose name is Dale Houston, personally appeared before me and is known by me or has produced identification (type of I.D.) on this				
Linde Ruth Craft				
NOTARY'S SIGNATURE		Seal/Stamp) Notary Public State of Florida		
	}	Notary Public State of Violes Linda Ruth Craft My Commission HH 041629 Expires 09/13/2024		



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MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, <u>Dale Houstor</u> Installer License Holder Nar	give this authority fo	or the job address show below
only,	Job Address	, and I do certify that
the below referenced person(s)	listed on this form is/are under my	y direct supervision and control
	se permits, call for inspections and	
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Soma North	Sona North	AgentOfficer Property Owner
		Agent Officer Property Owner
		Agent Officer Property Owner
under my license and I am fully Local Ordinances. I understand that the State Lice holder for violations committed	t I am responsible for all permits presponsible for compliance with a responsible for compliance with a responsible for compliance and a by him/her or by his/her authorized esponsibility for compliance granter	uthority to discipline a license d person(s) through this
License Holders Signature (No	tarized)	33271 7 19 24 umber Date
NOTARY INFORMATION: STATE OF: Florida	county of: Columb	ia
The above license holder, whose personally appeared before me (type of I.D.)	se name is Dale Hove and is known by me or has produ on this 1911 day	uced identification of July 20 24
Rida Rida C NOTARY'S SIGNATURE	met m	Seal/Starrop)