



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

69978

***Use to authorize
property owners to
pull permit on
Installers behalf.**

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Jacob Trowell, give this authority for the job address show below
Installer License Holder Name

only, 9517 N US HWY 441, Lake City, FL 32055, 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 |
|-----------------------------------|--------------------------------|
| Taylor Brinkley Greathouse | Taylor Brinkley Greathouse |
| | |
| | |

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.

[Signature] IH/1148380 04/03/2025
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Jacob Trowell,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 4th day of April, 2025.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

