

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

Installers Name, give this authority 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 |
|--------------------------------------|-----------------------------------|---------------------|
| Jeff Harden | Jel 1ter d | _ |
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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.

LHIODS License Number License Holders Signature (Notarized) NOTARY INFORMATION: COUNTY OF: STATE OF: Florida The above license holder, whose name is_ personally appeared before me and is known by me or has produced identification 171 -day of on this (type of I.D.) millinn (Seal/Stamp NOTARY'S SIGNATURE Service Same