

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

*Use to authorize property owners to pull permit on nalf.

Inst	allers beh
MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION	THE S DEL
1 XIII WILLIAM OLA	
Installer License Holder Name ,give this authority for the job address sh	ow below
only, 316 SE Sharon Ln. Lake city, and I do co	
the below referenced person(s) listed on this form is/are under my direct supervision a	2012 - Kanto de 182 (17
and is/are authorized to purchase permits, call for inspections and sign on my behalf.	na contro
Printed Name of Authorized Signature of Authorized Person	
Person	
Lindsey Cook of Sindsey Cook of	
The state of the s	
I the linear a last to the	
I, the license holder, realize that I am responsible for all permits purchased, and all worlder my license and I worlder	k done
under my license and I am fully responsible for compliance with all Florida Statutes. Co.	des, and
Local Ordinances.	
I understand that the State Licensing Board has the power and authority to discipline a	
holder for violations committed by him/her or by his/her authorized person(s) through the	icense
document and that I have full responsibility for compliance granted by issuance of such	S
responsibility for compliance granted by issuance of such	permits.
180 in 92 1111	
License Holders Signature (Notarized) License Number Dec	25
Date Date	,
NOTARY INFORMATION: STATE OF: TOTICC COUNTY OF: COLUMN OF COUNTY O	
- teritage occurrence	
The above license holder, whose name is Jean Brank H	
personally appeared before me and is known by me or has produced identification on this day of Council and the	
on this	<u> 25</u> .
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*Use to authorize Agent to pull permit on Installers behalf.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I,	,give th	nis 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 Author Person	orized	Agents Company Name		
Lindrey Coox	Andrey	Cox	Florida Permitting solutions, U		
	J		,		
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 (Nota	lutt arized)	THII3	38561 1/9/25 mber Date		
NOTARY INFORMATION: STATE OF: Florida country of: Columbia					
The above license holder, whose name is <u>Jean Bramlett</u> personally appeared before me and is known by me or has produced identification (type of I.D.) day of Januaru . 20 25					
Falle Marini		uay o	1 January , 2025.		
NOTARY'S SIGNATURE		(Se	eal/Stamp)		
FAYE MANCINI Commission # HH 258426					

Expires April 27, 2026