



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  
 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, 172 Sw Trenton, Ter, Fort White, FL, 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
Kody mixon	

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 (Notarized)

IH/1140380  
 License Number

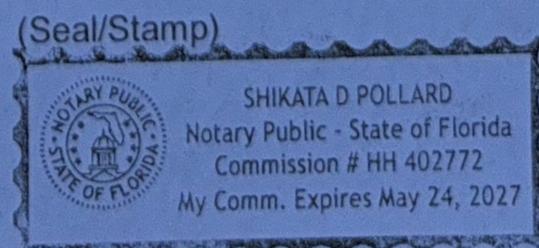
5-20-25  
 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is JACOB T TROWELL, personally appeared before me and is known by me or has produced identification (type of I.D.) FLDL on this 20 day of May, 2025.

NOTARY'S SIGNATURE



License Number: IH / 1148380 / 1 Name: JACOB T. TROWELL

Order #: 6614	Label #: 120299	Manufacturer:	(Check Size of Home)
Homeowner: <b>Kody Nixon</b>		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs:
			Permit #:

Note:

STATE OF FLORIDA  
INSTALLATION CERTIFICATION LABEL

120299

LABEL #

JACOB T. TROWELL

NAME

IH / 1148380 / 1

LICENSE #

DATE OF INSTALLATION

6614

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS  
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325  
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF  
INSTALLATION AND AFFIX  
LABEL NEXT TO HUD LABEL.  
USE PERMANENT INK PEN  
OR MARKER ONLY.  
COMPLETE INFORMATION  
ABOVE AND KEEP ON FILE  
FOR A MINIMUM OF 2 YEARS.  
YOU ARE REQUIRED TO  
PROVIDE COPIES WHEN  
REQUESTED.