

COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake Ciry, FL 32055 Phone: 386-758-1008 Fax: 386-758-160

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

	Mistanti s ocuan.
MOBILE HOME INSTALLERS LETTER OF	AUTHORIZATION
1 P. A. I. V Res and this out the	rity for the job address show below
Installer Cicense Holder Name	For 1 White FI 32038
only, Sw Soruce Ro	and I do certify that
Job Address	
the below referenced person(s) listed on this form is/are und	ler my direct supervision and control
and is/are authorized to purchase permits, call for inspection	s and sign on my behalf.
Printed Name of Authorized Signature of Authorized	
Person Person	
Sorua Morth Soma No	d4
	The state of the s
I, the license holder, realize that I am responsible for all perm	nts purchased, and all work done
under my license and I am fully responsible for compliance w	vith all Florida Statutes, Codes, and
Local Ordinances.	
I understand that the State Licensing Board has the power a	adding on the discipling a livense
holder for violations committed by him/her or by his/her author	§ {
document and that I have full responsibility for compliance gr) (
document and that i have the responsibility for compliance a	
License Holders Signature (Notarized) License	4 (0382.9 12-13.23 Se Nilmber Date
Elcel Spriblish Signature (Notalized)	
NOTARY INFORMATION: STATE OF: 1-101100 COUNTY OF Squire	
	Kn/Hules
personally appeared before me and is known by me of has to (type of 1.0.)	day of Necember 2023.
But A C. A.	
NOTARY'S SIGNATURE	(Seal/Stamp)
BRENDAH, CARROLL	
Commission # HR 165326 Expires Nevember 20, 2025	
9: No Ronded Thru Yoy Fah Insurance 800-385-7019	



COLUMBIA COUNTY BUILDING DEPARTMENT

*Use to authorize

	135 NE He	nando Ave, Suite	B-2∫, La	ke Cit	FL 32055	Agent to pull
	Phon	e: 386-758-1008	Fax: 38	36-758	2160	permit on Installers
,		1				behalf.
_	MORITE HON	ME INSTALLERS	AGEN.		HORIZATIU.	N
1. Lug	ighteliers Name	Les,giv	e this au	inputy	and I do certif	y that the below
referenced pers	on(s) listed on t	his form is/are und	ier my di	rect su	pervision and	control and
Is/are authorized	d to purchase p	ermits, call for inst i	ections	and sig	n on my beh	alf.
Printed Name Person	of Authorized	Signature of Au Person	thorized	,	Agents Co	mpany Name
Some	North	Sono	No	dh		
J		<u> </u>		1		
	- 4					
		I am responsible			11	
under my floensi	e and I am fully	responsible for co	mpliance	a ₩ tth s	Florida Sta	tutes, Codes, and
Local Ordinance	<u>95.</u>	# ************************************				
I understand tha	it the State Lice	nsing Board has t	ne powe	anda	uthority to dis	cipline a license
holder for violation	one committed l	y him/her or by h	s/ner au	Moriżę	d person(s) ti	hrough this
		- 1			/II'	e of such permits.
www.	1017110101		, , , , , , , , , , , , , , , , , , , ,		,	A CONTRACT OF STREET
/						
1//			_	24	10382	18 /2-18.23
License Holders	Signature (Nota	erized)	Lice	nse N		Date
L/	A Washing	: 1 1				
NOTARY INFOR	MATION:	COUNTY OF: S	والمرامين	100		
SIMIE OF.	1 0110-0			`	 	
The above licens	se holder, whose ared before me	e name is <u>ໃນວ່າ</u> and is known by ກໍ	<u>nà</u> or hai	proble	ed jdentifiça	ation
(type of I.D.)		on the	is 194	1 day	Locem ke	, 20 23.
Bunda NOTARY'S SIGNA	A Canol			10 1000	Seal/Stamp)	
17-11-11-1	.,					
			1		-	
		i i				BRENDAH, CARROLL
		<u>:</u>				i Commission # #H 185328 Expires November 20, 2025
		1	i	11:4		Bonded Thru Troy Fain Insurance 800-385-7019