

## 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 LETTER OF AUTHORIZATION

give this authority for the job address show below

| only, 4092 SW COUNT   | Y ROAD 138 FORT WHITE<br>Job Address | , 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       | Authorized Person is (Check one) |
| DONALD LEE HARDEN   | Consold Lee Freder                   | Agent Officer Property Owner     |
|   |                                      | AgentOfficerProperty Owner       |
|   |                                      | Agent Officer Property Owner     |
| 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)  License Number  TH 1025386  2-22-/4  License Number  Date  |                                      |                                  |
| License Holders Signature (Notarized) License Number Date   |                                      |                                  |
| NOTARY INFORMATION:   |                                      |                                  |
| STATE OF: Florida COUNTY OF: Columbia   |                                      |                                  |
| The above license holder, whose name is <b>Robert</b> Sheppard,   |                                      |                                  |
| personally appeared before me and is known by me or has produced identification (type of I.D.) personally Know on this 28 day of 400, 2019. |                                      |                                  |
|   |                                      |                                  |
|   |                                      |                                  |
| NOTARY'S SIGNATURE  |                                      | (Seal/Stamp)                     |
| SHERI HANSEN  |                                      |                                  |
| Notary Public - State of Florida My Comm Expires May 10, 2018   |                                      |                                  |
| Commission # FF-091970  |                                      |                                  |