

# 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 INSTALLER LETTER OF AUTHORIZATION

### (JOB SPECIFIC)

(\*Use if only authorized for a specific address\*)

I, Jacob Trowell, give this authority for the job address shown below ONLY, 1677 Sw Spruce Rd Fort White FL, 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 Person Authorized	Signature of Person Authorized
1. Kenneth Knecht	1. 
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license. I understand that 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.

Jacob Trowell  
License Holders Signature (Notarized)

14-1148380  
License Number

1-26-26  
Date

#### NOTARY INFORMATION:

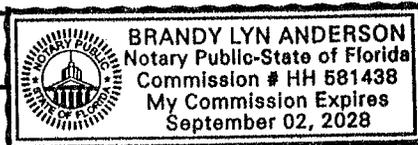
STATE OF: FLORIDA COUNTY OF: COLUMBIA

The above license holder, whose name is Jacob Trowell personally appeared before me and is (C)known by me or  has produced identification (type of I.D.) D.L. on this 21st day of January, 20 26

Brandy Lyn Anderson  
Notary's Signature

(Seal/Stamp)

BRANDY LYN ANDERSON  
Notary's Printed Name



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