



COLUMBIA COUNTY BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

I, Robert Russell (license holder name), licensed qualifier

for Triton Roofing & Restoration (company name), do certify that

the below referenced person(s) listed on this form is/are **employed** by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) 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 Authorized Person |
|-----------------------------------|--------------------------------|
| 1. <b>Ryan Marlow</b>             | 1. <i>Ryan Marlow</i>          |
| 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 and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

*Robert Russell*  
License Holders Signature (Notarized)

CCC13360549

License Number

11/19/24

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: St Johns

The above license holder, whose name is Robert Russell,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*Melissa K. Jones*  
NOTARY'S SIGNATURE

