

APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Authority to Act as Agent

On my/our behalf, I appoint LISA WILSON
(Name of Person to Act as my Agent)

for TUBULAR BUILDING SYSTEMS
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application

for ACCESSORY STRUCTURE PERMITS
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: DONALD LITTLE

Applicant/Owner's Title: OWNER OF TUBULAR BUILDING SYSTEMS

On Behalf of: TUBULAR BUILDING SYSTEMS
(Company Name, if applicable)

Telephone: 352-585-8326 Date: 3/22/2024

Applicant/Owner's Signature: _____

Print Name: DONALD LITTLE

STATE OF FLORIDA
COUNTY OF Hernando

The Foregoing instrument was acknowledged before me this 21 day of March, 2024, by Donald Little
whom is personally known by me ☒ OR produced identification ☐
Type of Identification Produced _____

(Notary Signature)

(SEAL)

