STATE OF FLORIDA **COUNTY OF COLUMBIA**

| This is to certify that I, (We), All in Colinary, Chry P Lolinary (Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property App | , |
|--|---------|
| as the owner of the below described property: | |
| Property tax Parcel ID number 31-35 ~17+059 52-000 | 10: |
| Subdivision (Name, Lot, Block, Phase) | |
| Give my permission for W. Kerth Dwis to place a (Name of person authorized to sign as owner or place a structure) Select one: Mobile Home Travel Trailer Utility Pole Only Single Family H | ome |
| OBarn OShed OGarage OCulvert Other (specify) Ica Machine | |
| I (We) understand that the named person(s) above will be allowed to receive a building person the parcel number I (we) have listed above and this could result in an assessment for so waste and fire protection services levied on this property. | |
| Printed Name of Signor Printed Name of Signor Printed Name of Signor Printed Name of Signor Date Date | 1 |
| Printed Name of Signor Signature Date | 5 |
| Sworn to and subscribed before me this 18 day of July , 2025 by physical presence or online notarization and this (these) person(s) are personally constant to me or produced ID | ly |
| Notary Stamp ANGELA B. KING Notary Public - State of Florida Commission # HH 319213 My Comm. Expires Oct 5, 2026 Created 2 | 12/2023 |