

Installer License Nolder Name

## COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

\*Use to authorize property owners to pull permit on Installers behalf.

## MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

Ryan Worris ,give this authority for the job address show below

only, 122 Sw Singl	Job Address	Fort	wite	FI 3	<b>&gt;</b> 0₹ _, and	o certify that
the below referenced person(s) listed on this form is/are under my direct supervision and control						
and is/are authorized to purcha	se permits, call	for inspe	ctions and	sign on	my be	half.
Printed Name of Authorized Person	Signature of Person	Authoriz	ed			
Sonya Norda	Sono	he	ith			
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.						
//	9	•				
License Holders Signature (Not	arized)		エサル icense Nu	350 mber	09	Date Date
NOTARY INFORMATION: STATE OF: FLOTIDA	COUNTY (	OF: <u>Col</u>	embia			
The above license holder, whos personally appeared before me (type of I.D.)	and is known b	y me or l	has produc	ced iden	tificatio	on . , 20 <u>24</u> .
Linde Ruth Craft NOTARY'S SIGNATURE	<b>)</b>		(S	Seal/Stam	np)	
			<b>~</b>	~~~~	Notery Pub Linda Ruth	olic State of Florida



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## MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ronald Ryan Installers Name	Opris, give this authority a	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	Agents Company Name				
Sony North	Sona North					
3						
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.						
11						
License Holders Signature (Notarized)  License Number  Date						
License Holders Signature (Not	arized) License Nu	imber Date				
STATE OF: FLORIDGE COUNTY OF: Columbia						
The above license holder, whos personally appeared before me (type of I.D.)	e name is Renald Ryan and is known by me or has produ on this and day of	Norcis, ced identification of January, 20 24.				
Linda Rith Craft						
NOTARY'S SIGNATURE	(5	Seal/Stamp)				
		Notary Public State of Florida Linda Ruth Craft My Commission HH 041629 Expires 09/13/2024				