

## 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 BOBBI JONES  
(Name of Person to Act as my Agent)

for TOWER ENGINEERING PROFESSIONALS, INC  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for BUILDING PERMIT - 494 SW CUMORAH HILL ST  
(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: DAVID TYRE

Applicant/Owner's Title: LICENSE HOLDER - EC13002148

On Behalf of: PEAK POWER SERVICES  
(Company Name, if applicable)

Telephone: 813-375-1692 Date: 12-16-2020

Applicant/Owner's Signature: [Signature]

Print Name: David C Tyre

STATE OF FLORIDA  
COUNTY OF Lafayette

The Foregoing instrument was acknowledged before me this 16<sup>th</sup> day of December, 20 20 by David Tyre  
whom is personally known by me ✓ OR produced identification FL DL  
Type of Identification Produced FL DL

Melanie Wright  
(Notary Signature)

