



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  
Agent to pull  
permit on Installers  
behalf.**

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, James Foley, give this authority and I do certify that the below  
Installers Name

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
TREEM Foster		JAMES Foley

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.

License Holders Signature (Notarized)

1078536 4-9-26  
License Number Date

**NOTARY INFORMATION:**

FL STATE OF: Summance COUNTY OF: \_\_\_\_\_

The above license holder, whose name is James Foley,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 4th day of April, 2024.

NOTARY'S SIGNATURE

(Seal/Stamp)

