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 Ustin Winslow (Name of Person to Act as my Agent) (Company Name for the Agent, if applicable) to act as my/our agent in the preparation and submittal of this 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: brenda Parley Applicant/Owner's Title: __Owne On Behalf of: ___ (Company Name, if applicable) Date: Telephone: Applicant/Owner's Signature:/ Print Name: STATE OF FLORIDA COUNTY OF (olumbia The Foregoing insturment was acknowledged before me this 17th day of whom is personally known by me ___ OR produced identification _ Type of Identification-Produced JUSTIN WINSLOW (Notary Signature) Notary Public-State of Florida

Commission # HH 198122 My Commission Expires January 04, 2026