



COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

I, Gregory S. Helton (license holder name), licensed qualifier
 for Aqua Scape Pools & Spas (company name), do certify that
 the below referenced person(s) listed on this form is/are **employed** by me directly or through an
 employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in
 Florida Statutes Chapter 468, and the said person(s) 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 Person Authorized	Signature of Authorized Person
1. Wendy Grennell	1. <i>Wendy Grennell</i>
2. Hubert Capps	2. <i>Hubert Capps</i>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you
 must notify this department in writing of the changes and submit a new letter of authorization
 form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to
 use your name and/or license number to obtain permits.

Gregory S. Helton
 License Holders Signature (Notarized)

COC1456680

License Number

06/16/2025

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Gregory S. Helton,
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 16 day of June, 2025.

Shirley M. Bennett
 NOTARY'S SIGNATURE



SHIRLEY M. BENNETT
 Notary Public
 State of Florida
 Comm# HH657610
 Expires 3/12/2029