

I, MICHAEL EARNEST

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, MICHAEL EARNEST Installers Name	give this authority and I do certify that the below			
referenced person(s) listed on t	his form is/are under my dire	ct supervision an	d control and	
is/are authorized to purchase p	ermits, call for inspections ar	nd sign on my beh	nalf.	
Printed Name of Authorized Person	Signature of Authorized Person	Agents Co	Agents Company Name	
ROBIN EARNEST	tight	INFINITY	INFINITY RENOVATORS	
AUDREY ERIN STARNER	a. Erin Sterne	INFINITY	INFINITY RENOVATORS	
I, the license holder, realize tha	t I am responsible for all perr	nits purchased, a	nd all work done	
under my license and I am fully	responsible for compliance	with all Florida Sta	atutes, Codes, and	
Local Ordinances.				
I understand that the State Lice	nsing Board has the power a	and authority to di	scipline a license	
holder for violations committed	by him/her or by his/her auth	orized person(s)	through this	
document and that I have full re	esponsibility for compliance g	ranted by issuand	ce of such permits.	
Mediael Sourt		21539	05/30/25	
License Holders Signature (Notarized)		se Number	Date	
NOTARY INFORMATION: STATE OF: FLORIDA	_ COUNTY OF: MARION			
The above license holder, whose personally appeared before me (type of I.D.)		produced identific	eation , 20 <u>25 .</u>	
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