



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, DAVID ALBRIGHT, give this authority and I do certify that the below
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
Heide Morrison	H Morrison	North FL Building Permits

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.

Linda Penhaligon
License Holders Signature (Notarized) 1H-1129420 License Number 11-12-24 Date

NOTARY INFORMATION:

STATE OF: FLORIDA COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 12th day of NOV, 2024.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)





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Phone: 386-758-1008 Fax: 386-758-2160

*Use to authorize
property owners to
pull permit on
Installers behalf.

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, David Albright, give this authority for the job address show below
Installer License Holder Name

only, 2654 SW Ichetucknee Ave, Lake City, FL 32024, and I do certify that
Job Address

the below 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
Heide Morrison	<i>Heide Morrison</i>

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.

David Albright

License Holders Signature (Notarized)

1H-1129420
License Number

11-12-24
Date

NOTARY INFORMATION:

STATE OF: FLORIDA COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT
personally appeared before me and is known by me or has produced identification
(type of I.D.) on this 12th day of NOV, 2024.

Linda Penhaligon
NOTARY'S SIGNATURE

(Seal/Stamp)

