

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

1,	DAVID	Albrige	giv.	e this authorit	y and I do certif	fu that the	halam
		allers Name					
refe	erenced person	s) listed on	this form is/are und	der my direct	supervision and	d controll	us al
is/a	re authorized to	purchase p	ermits, call for insp	Dections and s	ian on my bob	r collinol o	INQ
		t .	-		agn on my ben	all.	
Per	nted Name of A rson	Authorized	Signature of Au Person	thorized	Agents Co	mpany N	lame
-	heide Mo	mison	Shaforn	ion	NorthFL	B.S. Ide	Permile
				*			
+							
I, the	e license holder	realize that	t I am responsible	for all permits	purchased, an	d all work	done
unde	er my license ar	d I am fully	responsible for co	mpliance with	all Florida Stat	utes Cod	ee and
Loca	al Ordinances.				THE PARTY OF THE P	utes, equ	es, and
Lund	deretand that the	Ctata I inn					
	or for violetic	State Lice	nsing Board has th	e power and	authority to disc	cipline a li	cense
noid:	er for violations	committed b	by him/her or by hi	s/her authoriz	ed person(s) th	rough this	3
dodu	iment and that I	have full re	sponsibility for con	npliance grant	ed by issuance	of such	ermits
1					a makan kan ka ka <mark>w</mark> an makan an Kasa makan makan makan an makan makan makan makan makan makan makan makan makan		
1	111	. ,				- Contraction	
	1. 1×16.	11					
icer	nse Holders Sig	nature (Note	arized)	14-11	29420		2-24
			11260)	License N	lumber	Date	
TOP	ARY INFORMA	TION:		Section 1			
7	IE OF. FLOR	TON	COUNTY OF:	DLUMBIH			
The	above license h	older, whose	name is DA	VID ALA	RIGHT		
)erac	many appeared	before me	and is known by m	e or has prod	upped inter-tier-t	ion	
rype	of I.D.)		on thi	s /2 day	of NOV		24
1	ν	0					
K	linda te	nhalig	and	,			
ОТА	RY'S SIGNATUR	E			Seal/Stamp)		
					Not.	LINDA PENHAI	LIGON te of Florida
					W. W.	ommission # III Comm. Expires I brough National	4 167843 Nov 5, 2025



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MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

Installer License	give this authority for the job address show below
only. 2654 SWId	Job Address Lake CRL FI, 32024, and I do certify that
the below referenced per	son(s) listed on this form is/are under my direct supervision and control
and is/are authorized to	ourchase permits, call for inspections and sign on my behalf.
Printed Name of Author Person	rized Signature of Authorized Person
Heide Horso	1 Afranzon
I, the license holder, reali	ze that I am responsible for all permits purchased, and all work done
under my license and I a	n fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances.	
I understand that the Stat	e Licensing Board has the power and authority to discipline a license
holder for violations comr	nitted by him/her or by his/her authorized person(s) through this
document and that have	full responsibility for compliance granted by issuance of such permits.
O Stario	
License Holders Signatur	(Notarized)
NOTARY INFORMATION STATE OF:FLORI OF	Date
The above license holder	
personally appeared befo	e me and is known by me or has produced identification
(type of I.D.)	on this 12 day of Nov . 20 24
Sinda Perha	ligan
NOTARY'S SIGNATURE	(Seal/Stamp)
	LINDA PENHALIGON Notary Public - State of Florida Commission # HH 167843 My Comm. Expires Nov 5, 2025 Bonded through National Notary Assn.