STATE OF FLORIDA COUNTY OF COLUMBIA

| This is to certify that I, (We), Rence Neal (Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This is to certify that I, (We), |
| Property tax Parcel ID number 19-65-17-09698-006 (35812) |
| Subdivision (Name, Lot, Block, Phase) |
| Give my permission for Lori Wright to place a |
| Select one: OMobile Home OTravel Trailer OUtility Pole Only OSingle Family Home |
| Select one: OMobile Home Ofravel Trailer Outlity Foldomy Ostage Proof |
| OBarn OShed OGarage OCulvert Other (specify) re-roof |
| I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property. |
| Renee Neal Printed Name of Signor Renee Neal Signature Signature Date |
| Printed Name of Signor Signature Date |
| Printed Name of Signor Signature Date |
| Sworn to and subscribed before me this 28 day of August 20 25 by |
| physical presence or online notarization and this (these) person(s) are personally |
| known to me or produced ID X |
| |
| Angela M. Clay Printe Name of Notary Signature S Signature S |
| Notary Stamp ANGELA M. CLAY Commission # HH 439027 |