

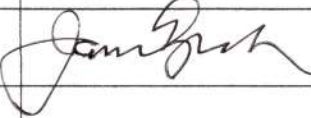


COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, STEPHEN E. WEEKS, give this authority and I do certify that the below
Installers Name

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
JAMES M "MITCH" BRANCH		MITCH BRANCH AND ASSOCIATES INC.

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.


License Holders Signature (Notarized)

IH1025306

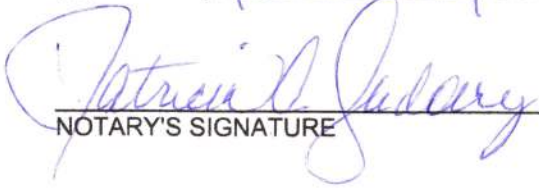
License Number

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: _____

The above license holder, whose name is Steve Week,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally on this 13 day of Oct, 2023.


NOTARY'S SIGNATURE

(Seal/Stamp)

