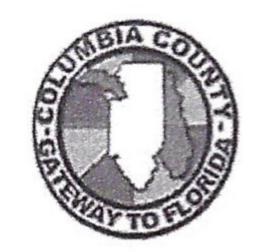


COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

1, Rodney Carrichee Installers Name	,give this authorit	y and I do certify that the below
referenced person(s) listed on t		supervision and control and
is/are authorized to purchase p		
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Bobb: Erzinger	Bobbi Engrig	Eagle mountain construction inc
I, the license holder, realize that under my license and I am fully Local Ordinances.		s purchased, and all work done all Florida Statutes, Codes, and
I understand that the State Lice holder for violations committed document and that I have full re	by him/her or by his/her authoria	
Licepse Holders Signature (Not	arized) Z///a License	225635 5-13-21 Number Date
NOTARY INFORMATION: STATE OF: Florida	COUNTY OF: Bradtore	
The above license holder, whos personally appeared before me (type of I.D.)	e name is <u>(U/) U/ (U/M)</u> and is known by me or has pro on this <u>M</u> da	duced identification y of May, 20_2/.
Motary Brite Notary's Signature		ALBANY L. BRITT Secondising GG 330805



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 LETTER OF AUTHORIZATION

1, Rochey Carniche Installer License Holder Na	رحا, give this authority f	or the job address show below
only, 3883 SW	1 chetuchnee ave la Job Address	ke city Fland I do certify that
the below referenced person(s)	listed on this form is/are under m	y direct supervision and control
	se permits, call for inspections and	
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)
Bobb: Erzinger	Toldei Emanis	AgentOfficer Property Owner
		Agent Officer Property Owner
		AgentOfficer Property Owner
	I am responsible for all permits presponsible for compliance with a	
holder for violations committed I	nsing Board has the power and authorized by him/her or by his/her authorized sponsibility for compliance granted	d person(s) through this
License Holders Signature (Note		SGS 5-13-21 Imber Date
NOTARY INFORMATION: STATE OF:Florida	COUNTY OF: Bradford	
The above license holder, whose personally appeared before me (type of I.D.)	e name is Richard Carmic and is known by me or has produc on this	hac/ ced identification of May, 20_2/.
albry Brite NOTARY'S SIGNATURE		ALBANY L. BRITT SealConglesien # GG 330805 Expires May 5, 2023