



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

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Maurice Perkins (license holder name), licensed qualifier
for Elite metal manufacturing (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) 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 Person Authorized	Signature of Authorized Person
1. Kelsey Deas	1. <u>[Signature]</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

[Signature]
License Holders Signature (Notarized)

CBC1265691

License Number

29 Jan 2024
Date

NOTARY INFORMATION:

STATE OF: Florida

COUNTY OF: Suwannee

The above license holder, whose name is Maurice E. Perkins,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 29 day of January, 2024.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)

NICOLE JAMES
Notary Public
State of Florida
Comm# HH346801
Expires 1/5/2027



State of Florida
Department of Health

Health Officer

NICOLE JAMES
Secretary
State of Florida
Department of Health
Tallahassee, Florida

