

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

, give this authority for the job address show below Installer License Holder Name			
only, 356 Sw Family Ct Lake City F1, and I do certify that			
the below 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	Authorized Person is (Check one)	
Sonya North	Somp worth	Agent Officer Property Owner	
Sonya North Dylan Hinson		Agent Officer Property Owner	
		Agent Officer Property Owner	
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) License Number Date			
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia			
The above license holder, whose name is, personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of, 20_23.			
NOTARY'S SIGNATURE (Seal/Stamp)			





COLUMBIA COUNTY BUILDING DEPARTMENT

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MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I,, give this authority and I do certify that the below				
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		
Sonia North	Sorge worth			
Dylan Hinson	V			
•				
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.				
Date Houston License Holders Signature (Notarized) License Number Date				
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia				
The above license holder, whose name is, and, and				
Linds Ruth Co NOTARY'S SIGNATURE	raft	(Seal/Stamp)		
		Notary Public State of Florida Linda Ruth Craft		