

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

I, Dale Houstor Installer License Holder Nar	me	or the job address show below		
only, 148 SW T	ura C+ lake Coty	FI 35034 FI 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)		
Sorya North	Sonia North	Agent Officer Property Owner		
		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.				
Sale Houston License Holders Signature (Not	arized)	33271 10/18/23 Imber Date		
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia				
The above license holder, whose name is Pale Houston, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 184 day of OC+ober, 20				
Sinde Kuth Cu NOTARY'S SIGNATURE	**************************************	Notary Public State of Florida Linda Ruth Craft My Commission HH 041629 Expires 09/13/2024		



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MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Dale Houstor	give this authority a	nd I do certify that the below
referenced person(s) listed on t	his form is/are under my direct sup	pervision and control and
is/are authorized to purchase pe	ermits, call for inspections and sign	n on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Sonya North	Sorip Noth	
under my license and I am fully Local Ordinances. I understand that the State Lice holder for violations committed	t I am responsible for all permits presponsible for compliance with a nsing Board has the power and auby him/her or by his/her authorized esponsibility for compliance grante	Il Florida Statutes, Codes, and uthority to discipline a license diperson(s) through this
License Holders Signature (Notarized) TH 1133271 License Number Date		33271 10/18/23 Imber Date
NOTARY INFORMATION: STATE OF: Florida	county of: Columba	<u>'a_</u>
The above license holder, whos personally appeared before me (type of I.D.)	se name is Dout to and is known by me or has produon this 1811 day of	ced identification of October, 20 23.
Sinda Rith Craft NOTARY'S SIGNATURE		Notary Public State of Florida Linda Ruth Craft My Commission HH 041629 Expires 09/13/2024