

# 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 INSTALLER LETTER OF AUTHORIZATION

### (JOB SPECIFIC)

**\*Use if only authorized for a specific address\***

TBD Wilson Springs

I, Stephen Weeks / 141025300 give this authority for the job address shown below ONLY, parcel 32-65-16-04018-007, 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 Person Authorized	Signature of Person Authorized
1. Lamanda Mote	1. <i>Lamanda Mote</i>
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. I understand that 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.

Stephen Weeks  
License Holders Signature (Notarized)

141025300  
License Number

12/29/2025  
Date

#### NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Stephen Weeks personally appeared before me and is  known by me or  has produced identification (type of I.D.) 29<sup>th</sup> on this 2<sup>th</sup> day of December, 2025.

Connie Bivins  
Notary's Signature

(Seal/Stamp)

Connie Bivins  
Notary's Printed Name



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