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, William R Price, (Installer License Holder Name) give this authority for the job address show below only, 198 NW Overlook Lake City FL 32055 (Job Address), 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)
Odie Price		X Agent ___ Officer ___ Property Owner
Jessie Sheppard	Jessie Sheppard	X 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) | IH-1041936 License Number | 4/21/23 Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price, personally appeared before me and is ~~known by~~ me or has produced identification (type of I.D.) _____ on this 21st day of April, 2023.

NOTARY'S SIGNATURE

Notary Public State of Florida
John Davis
My Commission HH 346526
Expires 2/10/2027

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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, William R Price, give this authority and I do certify that the below
Installers Name

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
Jesse Shepard	Jesse M Shepard	Price Rite Enterprise Inc.
Odell Price		Price Rite Enterprise Inc

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
	1H-1041936	4-21-23

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is William Price,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 21st day of April, 2023.

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Notary Public State of Florida
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(Seal/Stamp)