

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

1. Robert Sheppard	give this au	thority for the job addre	ess show helow	
Installer License Holder Nar	ne At the Anna		SOO SHOW DOLOW	
only, 278 SE Bear Run.	St., Late City, FC 3	32025 , and	I do certify that	
the below referenced person(s)	listed on this form is/are u	nder my direct supervi	sion and control	
and is/are authorized to purcha	se permits, call for inspect	ions and sign on my be	ehalf.	
Printed Name of Authorized Person	Signature of Authorized Person	Authorized F (Check one)		
Brody Pack		Agent Property	Officer / Owner	
,		Agent Property	Officer / Owner	
		Agent Property	Officer / Owner	
I, the license holder, realize that under my license and I am fully Local Ordinances.				
I understand that the State Lice	nsing Board has the powe	er and authority to disci	nline 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.				
Collect Managed License Holders Signature (Not	rarized) Lic	H1025386 ense Number	11-30-2022 Date	
NOTARY INFORMATION: STATE OF:Florida	COUNTY OF:	vannee		
The above license holder, whose personally appeared before me (type of I.D.)	se name is <u>LOUGH</u> and is known by me or ha SC on this 30	h (pput) as produced identificati day of Novembe	on r , 20 22 .	
Lya S. Paul			***************************************	
NOTARY'S SIGNATURE		(Seal/Stamp)	The Colonial Colonia Colonial Colonial Colonial	
	The control of the co	Notary Public - State o Commission # GG 3-	f Florida S	

Bonded through National Notary Assn.



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MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Cobertshepard	, give this	authority and I do certif	fy that the below	
referenced person(s) listed on the	his form is/are under m	v direct supervision and	control and	
is/are authorized to purchase pe				
Printed Name of Authorized Person	Signature of Authori Person	7	mpany Name	
Brody Pack	The second second	BKPF	Ermitting	
	\bigcirc 2.5		.	
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.				
	ooing Daard baatha			
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 (Nota	arized) [TH1025386 License Number	<u>11-30-2022</u> Date	
NOTARY INFORMATION: STATE OF: Florida COUNTY OF: JUWANNEL				
The above license holder, whose name is 1000+ MFDOOD personally appeared before me and is known by me or has produced identification (type of I.D.) 1000 on this 30 day of 1000 on this				
Hun Spaul				
NOTARY'S SIGNATURE		(Seal/Stamp)		
		LISAL PAU		

LISAL PAUL
LISAL PAUL
Notary Public - State of Florida
Commission # GG 344051
My Comm. Expires Jun 11, 2023
Bonded through National Notary Assn.