



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, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name

only, 278 SE Bear Run St, Lake City, FL 32025, and I do certify that
Job Address

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)
Brody Pack		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> 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.

Robert Sheppard TH1025386 11-30-2022
License Holders Signature (Notarized) License Number Date

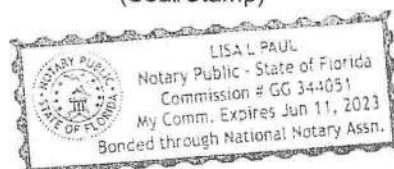
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Suwannee

The above license holder, whose name is Robert Sheppard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Driver's license on this 30th day of November, 20 22.

Lisa L. Paul
NOTARY'S SIGNATURE

(Seal/Stamp)





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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Robert Sheppard, 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
Brody Pack		BKP Permitting

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Robert Sheppard IH1025386 11-30-2022
License Holders Signature (Notarized) License Number Date

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