

## COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

\*Use to authorize property owners to pull permit on Installers behalf.

## MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

98 W X 99 W					
Installer License Holder Name , give this authority for the job address show below					
only, 8178 SW State Rd 247 Lake City FL, 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 Signature of Authorized Person Person					
Tamara Wamwright Tearrey					
Devin Fuimaono Per de					
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.					
IH-1/3 5009 3-8-24					
License Holders Signature (Notarized)  License Number  Date					
NOTARY INFORMATION: STATE OF: El COUNTY OF: Columb, 9					
The above license holder, whose name is <u>longle</u> Norresponsible personally appeared before me and is known by me or has produced identification type of I.D.) <u>fees anoths</u> unon on this the day of Mecch 120 29.					
RIA					
IOPARY'S SIGNATURE (Seal/Stamp)					
Notary Public See					
Bryan M. Wainwright My Commission HH 276833 Exp. 6/16/2026					



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## MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ronald Rym Installers Name	No cris ,give this	s authority a	and I do certify	that the below	
referenced person(s) listed on t	this form is/are under n	ny direct su	pervision and	control and	
is/are authorized to purchase p	ermits, call for inspecti	ons and sig	n on my beha	lf.	
Printed Name of Authorized Person	Signature of Author Person	ized	Agents Con	npany Name	
Tamara Wainwnght	Warning	H			
Ashym Marton	Anmol	lt			
Davin Fuimauno	Pein Sin	د			
I, the license holder, realize that	t I am responsible for a	II permits p	urchased, and	l all work done	
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document and that I have full responsibility for compliance granted by issuance of such permits.					
11					
py		IH-113	35009	3-8-24	
License Holders Signature (Nota	arized)	License Nu	mber .	Date	
NOTARY INFORMATION:					
STATE OF: _F7	COUNTY OF: Colum	big			
The above license holder, whose personally appeared before me	and is known by me or	has produc	ed identification	, on	
(type of I.D.) Personally Une	on this _	day o	Morch	, 20_24	
15/2	2				
NOTARY'S SIGNATURE		(Se	eal/Stamp)		
			Notary Public State	of Florida	
			My Commission	ght	
		1	Exp. 6/16/2026		