

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
himberly hoon	bullugheen	KDK Permitting

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.

241 2/2/22 Der Date License Holders Signature (Notarized)

NOTARY INFORMATION: STATE OF: __Florida

COUNTY OF: alachun

The above license holder, whose name is <u>EVMUSE Scott Johnson</u>, personally appeared before me and is known by me or has produced identification (type of I.D.) _______ on this <u>2</u> day of <u>February</u> , 20 22

NOTARY'S SIGNATURE

(Seal/Stamp)

Notary Public State of Florida Shavon M Milton My Commission HH 075545 xpires 12/29/2024