



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

only, 1272 SE Adams St. High Springs 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)
Susan Enlow	<i>Susan Enlow</i>	<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.

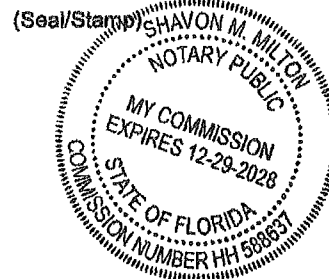
Kyle Johnson License Holders Signature (Notarized) ZH1126657 License Number 6/25/25 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Kyle Johnson,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 25 day of June, 2025.

Shavon M. Milton
NOTARY'S SIGNATURE



MOBILE HOME INSTALLER AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Alan Southland
Property ID: Sec: 11 Twp: 7S Rge: 17 Tax Parcel No: 09983 001
Lot: 14 Block: _____ Subdivision: Bicentennial Acres
Mobile Home Year/Make: 2026/Champion Size: 28x56 Box
Vin #: FL261-000-H-A106539HB

Kyle Johnson
Signature of Mobile Home Installer

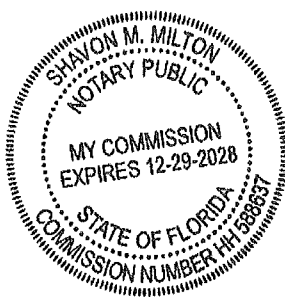
Kyle Johnson
Mobile Home Installer's name printed/typed

352 339 3543
Mobile Phone Number

Sworn to and subscribed before me this 25 day of June, 2025
by Kyle Johnson

Shavon Milton
Notary's name printed/typed

Shavon Milton
Notary Public, State of Florida
Commission No. HH588637
Personally Known: ☒
Produced ID (type) _____





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*Use to authorize
Agent to pull
permit on Installers
behalf.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Kyle Johnson, 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
Susan Enslow	<i>Susan Enslow</i>	

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

Kyle Johnson License Holders Signature (Notarized) TH1126657 License Number 6/25/25 Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF Alachua

The above license holder, whose name is Kyle Johnson
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 25 day of June, 2025

Sharon M. Milton
NOTARY'S SIGNATURE

