

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

only, SO MACHOL Ave. Lake Cuf. 72. 32.35 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 (Check one) Person (Check one) Agent Officer Property Owner Agent Officer Property Owner Agent Officer Property Owner Agent Officer 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. License Holders Signature (Neganized) License Number Date NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Successive County of the personally appeared before me and is known by me or has produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON this I was produced identification (type of I.D.) PLE SONARD AND ON the Property Sonard And I was produced identification (type of I.D.) PLE SONARD AND I was produced identification (type of I.D.) PLE SONARD AND I was produced i	1, Paul Albright	give this authority f	for the job address show below	
Authorized Person is (Check one) Person Check one) Agent Officer 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. License Holders Signature (Ngarized) License Number Date NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Suucepper The above license holder, whose name is Roul Albright personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Appeared before me and is known by me or has produced identification (type of I.D.) Personally Appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.) Personally appeared before me and is known by me or has produced identification (type of I.D.)	only, 890 MACIA		72. 32.555 and I do certify that	
Printed Name of Authorized Signature of Authorized Authorized Person S (Check one)	the below referenced person(s) listed on this form is/are under my direct supervision and control			
Person Person Agent Officer Property Owner	and is/are authorized to purcha	se permits, call for inspections an	d sign on my behalf.	
Property Owner Agent Officer Property Owner Agent Officer Property Owner Agent Officer Property Owner Agent Officer 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. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits. I understand that I have full responsibility for compliance granted by issuance of such permits.		, 		
AgentOfficer AgentOfficer Property Owner AgentOfficer Property Owner	TREEN FOOLE	Sauce Fort		
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NOTARY INFORMATION: STATE OF:FloridaCOUNTY OF:Suwabbet The above license holder, whose name isPaulAlbright, personally appeared before me and is known by me or has produced identification (type of I.D.)PersonallyINAW on thisITH_day of	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			
The above license holder, whose name is Paul Albright personally appeared before me and is known by me or has produced identification (type of I.D.) PECSONALY MAY On this ITH day of march, 2014.	NOTARY INFORMATION:			
Ul vou Ul (Seal/Stamp)	The above license holder, whose name is <u>Paul</u> <u>Albright</u> , personally appeared before me and is known by me or has produced identification (type of I.D.) <u>Personally</u> name on this <u>ITH</u> day of <u>march</u> , 2014.			
	Ul val ul (NOTARY'S SIGNATURE	· <u></u>	(Seal/Stamp)	

WENDI TULLIS MY COMMISSION # DD 958980 EXPIRES: May 9, 2014 Bondad Tarn Notery Public Underwriters