

COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

Charles Lowe		(license holder name), licensed qualifier	
forGator Solutions, I	LC	(company name), do certify that	
employee leasing arrangem Florida Statutes Chapter 46	ent; or, is an officer 8, and the said perso	m is/are employed by me directly or through an of the corporation; or, partner as defined in on(s) is/are under my direct supervision and s, call for inspections, and sign on my behalf.	
Printed Name of Person Authorized		Signature of Authorized Person	
1. Brittany Dunn		1. B. Shun	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
under my license and fully re Local Ordinances. I understa authority to discipline a licen officers, or employees and the and ordinances inherent in the lf at any time the person(s) yemust notify this department in	esponsible for completed that the State are seen that the State are seen holder for violation at I have full response privilege granted for whiting of the chand previous lists. Faile	is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization ure to do so may allow unauthorized persons to	
License Holders Signature (N	Notarized)		
NOTARY INFORMATION: STATE OF: Florida The above license holder, where the state of	nose name is	Factor Lowe	
(type of I.D.)	me and is known by on f	me or has produced identification his <u>26th</u> day of <u>Voly</u> , 20 <u>23</u> .	
als Al	Sante Simmon		
NOTARY'S SIGNATURE		(Seal/Stamp)	
		Notary Public State of Fiorida Alexander Simmons My Commission HH 382142 Expires 4/3/2027	



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

Michael Melvin		(license holder name), licensed qualifier
for Gator Solutions, L		
employee leasing arrangement Florida Statutes Chapter 468	ent; or, is an officer of and the said person	m is/are employed by me directly or through an of the corporation; or, partner as defined in on(s) is/are under my direct supervision and s, call for inspections, and sign on my behalf.
Printed Name of Person Authorized		Signature of Authorized Person
1. Brittany Dunn		1. Frun
2.		2.
3.		3.
4.,		4.
5.,		5.
under my license and fully re Local Ordinances. I understa authority to discipline a licens	sponsible for compl nd that the State an se holder for violatio at I have full respon	e for all permits purchased, and all work done ance with all Florida Statutes, Codes, and d County Licensing Boards have the power and ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes by issuance of such permits.
must notify this department in	n writing of the chan I previous lists. Failu e number to obtain p	is/are no longer employee(s), or officer(s), you ges and submit a new letter of authorization ure to do so may allow unauthorized persons to permits. CC13 003662 7-21-23 License Number Date
NOTARY INFORMATION: STATE OF: Florida The above license holder, wh personally appeared before n (type of I.D.)	ose name is Mine and is known by	Electric Columbia Chael Molvin Meor has produced identification his 2023.
NOTARY'S SIGNATURE	WXANOO SIMM	(Seal/Stamp) Notary Public State of Florida Alexander Simmons My Commission HH 382142 Expires 4/3/2027