

APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Authority to Act as Agent

On my/our behalf, I appoint Heide Morrison
(Name of Person to Act as my Agent)

for North Florida Building Permits, LLC
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application
for re-roofing Application
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: Joshua Berry

Applicant/Owner's Title: Owner

On Behalf of: _____
(Company Name, if applicable)

Telephone: 386-365-8076 Date: 5-23-25

Applicant/Owner's Signature: [Signature]

Print Name: Joshua

STATE OF FLORIDA
COUNTY OF Columbia

The Foregoing instrument was acknowledged before me this 23rd day of May, 2025 by Joshua Berry
whom is personally known by me ☒ OR produced identification ☐
Type of Identification Produced _____

[Signature]
(Notary Signature)

(SEAL)

