

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

\*Use to authorize property owners to pull permit on Installers behalf.

## MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

	,	Parameter Communication Commun	
Installer License Holder Nar	give this authority for the job add		
only, NW	Friendship way lake Cot	ry FI 320SS	
the below referenced person(s) listed on this form is/are under my direct supervision and control			
and is/are authorized to purchas	se permits, call for inspections and sign on my	behalf.	
Printed Name of Authorized Person	Signature of Authorized Person		
Sonya North	Somp north		
	t I am responsible for all permits purchased, an responsible for compliance with all Florida Sta		
	unaina Daard has the names and authority to di	acialina a licana	
	ensing Board has the power and authority to dis by him/her or by his/her authorized person(s) t	1 107	
document and that I have full responsibility for compliance granted by issuance of such permits.			
	7 1+ 1038219 License Number	1-19.24	
License Holders Signature (Not	tarized) License Number	Date	
STATE OF:	COUNTY OF: Columbia		
The above license holder, whose	se name is Lusta Knowles		
personally appeared before me (type of I.D.)	e and is known by the or has produced identific on this day of	ation 20 24.	
Parker Strakell	La	0	
NOTARY'S SIGNATURE	Nota C. My C.	ANDRA ELIZABETH TOPE ary Public - State of Florida ommission # HH 079583 omm. Expires Jan 18, 2025	
	Bonded th	rough National Notary Assn.	



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## MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Justillers Name	,give this authority a	nd I do certify that the below
referenced person(s) listed on t	his form is/are under my direct sur	pervision and control and
is/are authorized to purchase pe	ermits, call for inspections and sign	n on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Song North	Somo North	
7	4.	
I, the license holder, realize tha	t I am responsible for all permits p	urchased, and all work done
under my license and I am fully	responsible for compliance with a	II Florida Statutes, Codes, and
Local Ordinances.		
I understand that the State Lice	nsing Board has the power and a	uthority to discipline a license
holder for violations committed	by him/her or by his/her authorize	d person(s) through this
document and that I have full re	esponsibility for compliance grante	d by issuance of such permits.
1		
	74.0	3229 1-19.24
License Holders Signature (Not	arized) License Nu	umber Date
NOTARY INFORMATION: STATE OF:	COUNTY OF: Columbia	
The above license holder, who	Col V	novles
personally appeared before me	and is known by me or has produ	iced identification
(type of I.D.)	on thisday	of phuan, 2029.
aku Shakelh	Lie	0
NOTARY'S SIGNATURE	(	Seal/Stamp)

