



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

I, Rusty Knowles, give this authority for the job address show below  
Installer License Holder Name

only, NW Friendship way Lake City FL 32055, 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
Sonya North	Sonya North

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.

[Signature]  
License Holders Signature (Notarized)

211038219  
License Number

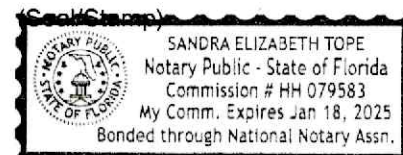
1-19-24  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Rusty Knowles,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 19 day of January, 20 24.

[Signature]  
NOTARY'S SIGNATURE





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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, *Joseph M. K...*, give this authority 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 Person	Signature of Authorized Person	Agents Company Name
<i>Sony North</i>	<i>Sony North</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.

*[Signature]*  
License Holders Signature (Notarized)

*74-103229*  
License Number

*1-19-24*  
Date

NOTARY INFORMATION:

STATE OF: *Florida* COUNTY OF: *Columbia*

The above license holder, whose name is *Bash Knowles*,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this *19* day of *January*, 20 *24*.

*Sandra Elizabeth Tope*  
NOTARY'S SIGNATURE

(Seal/Stamp)

