

## 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 Toni Woodruff  
(Name of Person to Act as my Agent)

for N/A  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for Building Permit  
(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: Dwayne Woodruff

Applicant/Owner's Title: Property Owner(Deed)

On Behalf of: N/A  
(Company Name, if applicable)

Telephone: 386-288-6668/  
904-891-4066 Date: 12/23/2024

Applicant/Owner's Signature: Dwayne E. Woodruff

Print Name: DWAYNE E. WOODRUFF

STATE OF FLORIDA  
COUNTY OF Columbia

The Foregoing instrument was acknowledged before me this 23 day of  
December, 2024, by Dwayne Woodruff,  
whom is personally known by me ☐ OR produced identification ☐.  
Type of Identification Produced \_\_\_\_\_

Christy L. Coburn  
(Notary Signature)

(SEAL)

