

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

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

MOBILE HOME INSTALLER LETTER OF AUTHORIZATION

(JOB SPECIFIC)

Parcel # 21-75-17-10038-000

Use if only authorized for a specific address

I, Stephen Weeks ^(Installer License Holder's Name) 14/1025306 give this authority for the job address shown below ONLY, TBD S US Hwy 441 High Springs FL ^(Job Site Address), 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 Person Authorized	Signature of Person Authorized
1. Lamanda Mote	1. <i>Lamanda Mote</i>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license. I understand that 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.

Stephen Weeks
License Holder's Signature (Notarized)

14/1025306
License Number

12/1/2025
Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Stephen Weeks personally appeared before me and is (C) known by me or () has produced identification (type of I.D.) _____ on this _____ day of December, 2025.

Connie Bivins
Notary's Signature

(Seal/Stamp)

Connie Bivins
Notary's Printed Name



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