

COLUMBIA COUNTY BUILDING DEPARTMENT

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

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

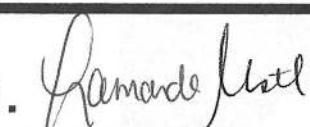
MOBILE HOME INSTALLER LETTER OF AUTHORIZATION

(JOB SPECIFIC)

Parcel # 21-75-17-10038-000

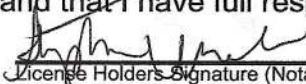
Use if only authorized for a specific address

I, Stephen Weeks (Installer License Holder's Name) 1H1025304 give this authority for the job address shown below ONLY, TBD S US Hwy 441 (Job Site Address) High Springs FL, 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. 
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.


License Holder's Signature (Notarized)

1H1025304
License Number

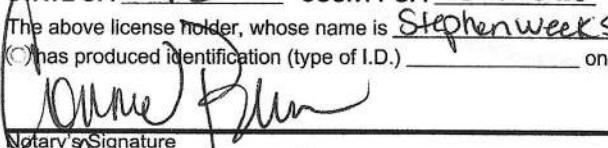
12/1/2025
Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia
The above license holder, whose name is Stephen Weeks
 has produced identification (type of I.D.) _____ on this _____

personally appeared before me and is known by me or
day of December, 2025.

(Seal/Stamp)


Notary's Signature

Connie Bivins
Notary's Printed Name



Published 10/2025