

## 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 Heide Morrison  
(Name of Person to Act as my Agent)

for H&L Customer Service, LLC  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application

for Modular Home application / customer Davies.  
(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: William Harper

Applicant/Owner's Title: contractor / builder

On Behalf of: WL Harper Construction  
(Company Name, if applicable)

Telephone: (386) 623-3873 Date: 07/25/21

Applicant/Owner's Signature: [Signature]

Print Name: William Harper

STATE OF FLORIDA  
COUNTY OF Columbia

The Foregoing instrument was acknowledged before me this 25<sup>th</sup> day of July, 20 21, by William Harper,  
whom is personally known by me ☒ OR produced identification ☐.  
Type of Identification Produced \_\_\_\_\_

[Signature]  
(Notary Signature)

(SEAL)

