| Order #: 6051 | Label #: 106418 | Manufacturer: | (Check Size of Home) |
|----------------------|-----------------|---------------------------|------------------------|
| Homeowner: | | Year Model: | Single |
| Address: | | Length & Width: | Double |
| City/State/Zip: | | Type Longitudinal System: | HUD Label #: |
| Phone #: | | Type Lateral Arm System: | Soil Bearing / PSF: |
| Date Installed: | | New Home: Used Home: | Torque Probe / in-lbs: |
| Installed Wind Zone: | | Data Plate Wind Zone: | Permit #: |
| Note: | | | |

STATE OF FLORIDA INSTALLATION CERTIFICATION LABEL 106418

100416

LABEL#

DATE OF INSTALLATION

DALE HOUSTON

NAME

IH / 1133271 / 1

6051

LICENSE # ORDER #
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT FO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.



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, DALE HOUSTON Installer License Holder Nar | | or the job address show below |
|--|---|---|
| only, 350 SW Country | Job Address | _ 3२०२ <mark>५</mark> , and I do certify that |
| the below referenced person(s) | listed on this form is/are under my | direct supervision and contro |
| and is/are authorized to purcha | se permits, call for inspections and | sign on my behalf. |
| Printed Name of Authorized Person | Signature of Authorized Person | |
| ROBSON CIMA | 13/ | 1.2 |
| | | |
| | land the second | |
| The control of the co | t I am responsible for all permits p responsible for compliance with a | |
| holder for violations committed | nsing Board has the power and au by him/her or by his/her authorized esponsibility for compliance grante | d person(s) through this |
| Dale Hunter License Holders Signature (Not | arized) License Nu | 2327/ i 10 25 umber Date |
| NOTARY INFORMATION: STATE OF: FOLIA | COUNTY OF: Columb | ia |
| The above license holder, whos personally appeared before me (type of I.D.) | and is known by me or has produ | ced identification of prouvery, 20,25. |
| NOTARY'S SIGNATURE | PAULA DI Notary Public - S | Scal/Staffin) UPREE tate of Florida |
| | Commission # Wy Comm. Expire Bonded through Nation | HH 219008 S Apr 16, 2026 |