

## 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 INSTALLERS AGENT AUTHORIZATION					
, Wil	iam the				
.,	Installers Name	give this authority a	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 at thorized to purchase permits, call for inspections and sign on my behalf.					
Person	Name of Authorized	Signature of Authorized Person	Agents Company Name		
Odo	Price (	Ed 2	Price like Easterprise Inc		
Jessi-	· Shepard	Juni Shipal	Pricelite Exterprise Inc Pricelite Exterprise la		
I, the lice nse holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and					
Local Or	linances.	esponsible for compliance with al	I Florida Statutes, Codes, and		
I underst and 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 documer t and that I have full responsibility for compliance granted by issuance of such permits.					
_		portologicy for compliance granted	by issuance of such permits.		
License I	lolders Signature (Nota	rized) License Nu	11936 4-12-23 mber Date		
NOTARY	INFORMATION:	6	- 5.0		
The abov elicense holder, whose name is William Charpersonall appeared before me and is known by me or has produced identification					
(type of I.	).)	on this 12th day of	June , 20 23.		
40	LD_				
NOTARY	SIGNATURE		John Davis  My Commission HH 346526  Expires 2/10/2027		



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MOBILE HOME	E INSTALLERS LETTER OF AU	JTHORIZATION			
1, William R. Price					
Installer License Holder Na	me ,give this authority	for the job address show belov			
only, MISI) Hakse	Shoe Luop Ft. White &	13238 and I do certify that			
the beld w referenced person(s) listed on this form is/are under my direct supervision and control					
	se permits, call for inspections an	d sign on my behalf.			
Printed Name of Authorized Person	Signature of Authorized	Authorized Person is			
1 eisoil	Person	(Check one)			
Oda Prec (	(1)	Agent Officer Property Owner			
Jesse Shepard	The same of an of	Agent Officer			
ATTIC STEPHEN	Jenn M Shipard	Property Owner			
	/	Agent Officer Property Owner			
I, the lice nse holder, realize that I am responsible for all permits purchased, and all work done					
under m / license and I am fully responsible for compliance with all Florida Statutes, Codes, and					
Local Or dinances.		, , , , , , , , ,			
I unders and that the State Licen	sing Board has the power and au	thority to disability in			
holder fc · violations committed b	y him/her or by his/her authorized	Inorty to discipline a license			
documer t and that I have full res	ponsibility for compliance granted	h by issues a second			
Λ	remaining for dompliance grantet	by issuance of such permits.			
-					
10000	111 100 1	121			
License I Iolders Signature (Notal	/#-/V//				
	rized) License Nui	mber Date			
NOTARY INFORMATION: STATE CF: Florida	COUNTY OF C				
	_COUNTY OF: Su wanne	<u></u>			
The above license holder, whose	name is William Pnu				
personall / appeared before me a (type of I. D.)	nd is known by me or has produc	ed identification			
	on this 124 day of	Mnl , 20 23.			
JO ) A -					
NOTARY: SIGNATURE					
	1 /90	21/Stomple Lite Olive of Florida			

(Seal/State)Public State of Florida
John Davis
My Commission HH 346526
Expires 2/10/2027