

I, Jacob Trowell

Installers Name

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 Agent to pull permit on Installers behalf.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

,give this authority and I do certify that the below

	BKP Permitting LLC
	its purchased, and all work dor
ponsible for compliance w	ith all Florida Statutes, Codes,
	nd authority to discipline a licen
	orized person(s) through this
onsibility for compliance gra	anted by issuance of such perr
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zed) Licenso	e Number Date
/ ,	
OUNTY OF: Columb	2:0
name is Jacob Tr	ondl
d is known by me or has pr	roduced identification
on this 27	udy 01 3019 , 2020
	(Seal/Stamp)
	Notary Public State of Florida
	sponsible for compliance with the power and has the power and him/her or by his/her author ponsibility for compliance gra