

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 LETTER OF AUTHORIZATION

I, <u>Dale Houstor</u> Installer License Holder Nat	me	or the job address show below	
only, Sw	Job Address Road 240	Lake Cuty Fi 300	
the below referenced person(s)	listed on this form is/are under my	direct supervision and control	
and is/are authorized to purchas	se permits, call for inspections and	sign on my behalf.	
Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is (Check one)	
Song WOAL	Sonia Louh	Agent Officer Property Owner	
3		Agent Officer Property Owner	
		Agent Officer Property Owner	
I, the license 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 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 Holders Signature (Notarized) NOTARY INFORMATION: STATE OF: Florida COUNTY OF: Columbia			
The above license holder, whose personally appeared before me (type of I.D.)	e name is Dole Hous and is known by me or has produc on this 115 day o	itun	
Richard Ruth Craft NOTARY'S SIGNATURE (Seal/Stamp)			
		Notary Public State of Florida	

Linda Ruth Craft
My Commission HH 041629
Expires 09/13/2024



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

I, <u>Da le Houstor</u> Installers Name	give this authority a	and I do certify that the below	
referenced person(s) listed on t	his form is/are under my direct su	pervision and control and	
is/are authorized to purchase pe	ermits, call for inspections and sig	ın on my behalf.	
Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name	
Song North	Sono Mouth		
J			
I, the license 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 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.			
Dale Howston License Holders Signature (Note	arized)	33271 11124 umber Date	
NOTARY INFORMATION: STATE OF:COUNTY OF: Columbia			
The above license holder, whos personally appeared before me (type of I.D.)	and is known by me or has produ	iced identification of January, 2024.	
LANDE RUTH CLAY	Y (1	Seal/Stamp)	
	§	Notary Public State of Florida Linda Ruth Craft My Commission HH 041629 Expires 09/13/2024	