

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, DAUID AIBRIGHT		uthority for the job a	ddress show below
only,	, ,	and I do certify that	
	Job Address		8.
the below referenced person(s)	listed on this form is/are	under my direct sup	ervision and contro
and is/are authorized to purcha			
Printed Name of Authorized Person	Signature of Authorize Person	d Authorize	ed Person is
James Warren	Somo Waun	Agen	nt Officer erty Owner
		Agen	it Officer erty Owner
		Agen	t Officer erty Owner
I understand that the State Lice holder for violations committed document and that I have full re	by him/her or by his/her at	uthorized person(s)	through this
Vario Albruell	,	4-1128420	22023
License Holders Signature (Nota	arized) lice	ense Number	
NOTARY INFORMATION: STATE OF:Florida	county of: Colu		Date
The above license holder, whose personally appeared before me type of I.D.)	and is known by me or ha	oright s produced identification and day of Feb	ation , 20 , 3 .
husty Lyme lok	Hurn		
THE POSTANCE		(Seal/Stamp)	****
		Notary Publ Commissi	LYNNE COBURN ic - State of Florida ion # HH 169705 xpires Aug 25, 2025



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MOBILE HOME INSTALLERS AGENT AUTHORIZATION

referenced person(s) listed on this form is/are under my direct supervision and control and

give this authority and I do certify that the below

is/are authorized to purchase p	ermits, call for inspections	and sign on my behalf.
Printed Name of Authorized Person	Signature of Authorized Person	d Agents Company Name
JAMES WARREN	James Warren	FREEDOM MOBILE HOME SALES, INC
STEVE SMITH	Ditw Smil	FREEDOM MOBILE HOME SALES, INC
7		
32 32 39		permits purchased, and all work done
Local Ordinances.	responsible for compliant	ce with all Florida Statutes, Codes, and
THE RESPONSABLE CONTRACTOR OF THE PROPERTY OF		er and authority to discipline a license
all after the process process and the second section of		authorized person(s) through this
document and that I have full r	esponsibility for complianc	e granted by issuance of such permits.
11		
When the	1	14-1129420 12-20-22
License Holders Signature (No		cense Number Date
NOTARY INFORMATION:		
STATE OF: Florida	COUNTY OF:	LUMBIA
The above license holder, who	ose name is DAVID	ALBRIGHT
personally appeared before m (type of I.D.)	ne and is known by me or h	nas produced identification day of DECEMBER , 20 22.
Sinda Penhal	and the second	day 0.0000770077, 20 0000
NOTARY'S SIGNATURE		(Seal/Stamp)
		LINDA PENHALIGON
E ALL CO		Notary Public - State of Florida Commission # HH 167843
Rome (Man)		My Comm. Expires Nov 5, 2025 Bonded through National Notary Assn.