

## GROWTH MANAGEMENT DEPARTMENT 205 North Marion Ave, Lake City, FL 32055

Phone: 386-719-5750

E-mail: growthmanagement@lcfla.com

## AGENT AUTHORIZATION FORM

, PEURRUNG, VICTORIA	(owner name), owner of property parcel
number 363S1602631000	(parcel number), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the owner, or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are authorized to sign, speak and represent me as the owner in all matters relating to this parcel.	
Printed Name of Person Authorized	Signature of Authorized Person
<sub>1.</sub> Kimmy Phan	1. KlinnyFhar
2.	2.
3.	3.
4.	4.
5.	5.
I, the owner, realize that I am responsible for all agreements my duly authorized agent agrees with, and I am fully responsible for compliance with all Florida Statutes, City Codes, and Land Development Regulations pertaining to this parcel.  If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.	
Owner Signature (Notarized)	3-28-24
NOTARY INFORMATION:  STATE OF: <u>Horida</u> COUNTY OF: <u>Columbia</u> The above person, whose name is <u>Kimmy Phen Victoria</u> <u>Pengrung</u> , personally appeared before me and is known by me or has produced identification (type of I.D.) <u>Driver License</u> on this <u>28th</u> day of <u>March</u> , 20 <u>24</u> .	
NOTARY'S SIGNATURE  AS  Notary F  Commi	(Seal/Stamp)  SHLEY A. TRAIL Public, State Of Florida ssion No. HH 240647 ssion Expires: 3/14/2026