



Columbia County Building Department
 135 NE Hernando Ave, Suite B-21
 Lake City, FL 32055
 Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 000054036
- Property Owner: TIMOTHY TILMAN
- Job Site Address: 4720 SW ICHETUCKNEE AVE
FT. WHITE FL 32038
- Original Subcontractor: RONALD BONDS
- License #: CAC1817658
- New Subcontractor: TIMOTHY SHATTO
- License #: CAC057875
- Trade (i.e. Electrical, Plumbing, HVAC, etc.): HVAC

FOR OFFICE USE	
DATE RECEIVED: 10/2/2025	
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMPLETED CHANGE: <input checked="" type="checkbox"/> YES	
DATE PROCESSED: 10/2/2025	
PROCESSED BY: N. Anderson	
NOTES:	

Reason for Change:

ADDED THE INCORRECT CONTRACTOR ON THE ORIGINAL SUB FORM

Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

Signatures (All must be notarized)

• Property Owner (If Owner-Builder)

Printed Name: _____ Date: _____

Signature: _____

State: _____ County: _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ___ day of _____, 20___, by _____, who is personally known to me or has provided the following identification:

Notary Printed Name: _____

Notary Seal:

Notary Signature: _____

• General Contractor

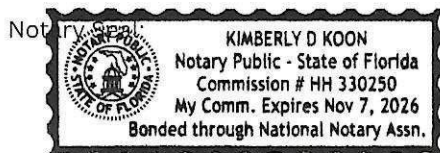
Printed Name: KYLE JOHNSON Date: 10-1-2025

Signature: *Kyle Johnson*

State: FL County: COLUMBIA

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 1 day of October, 2025, by Kyle Johnson, who is personally known to me or has provided the following identification:

Notary Printed Name: Kimberly Koon



Notary Signature: *Kimberly Koon*

Created: 5/2025

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<p>ELECTRICAL</p>	<p>Print Name <u>Glenn Whittington</u> License #: <u>EC 13002957</u> Company Name: <u>Whittington Electric</u></p>	<p>Signature <u>[Handwritten Signature]</u> Phone #: <u>386-684-4601</u></p> <p><input checked="" type="checkbox"/> Qualifier Form Attached</p>
<p>MECHANICAL/ A/C</p>	<p>Print Name <u>Timothy Shatto</u> License #: <u>CAC057875</u> Company Name: _____</p>	<p>Signature <u>[Handwritten Signature]</u> Phone #: <u>386-996-8224</u></p> <p><input checked="" type="checkbox"/> Qualifier Form Attached</p>

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F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Whittington Electric Inc

164 Queens Country Rd Interlachen Fl 32148 Office 386-684-4601 or 386-972-8510

Email: weoffice560@gmail.com

This Letter is to state that I, Glenn Whittington, State Certified Electrical Contractor EC13002957 Authorize Kimberly Koon to act on behalf in obtaining permits in any county or city in the state of Florida

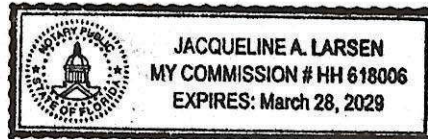
This Authorization is to remain in effect indefinitely unless cancelled by me in writing.

Glenn Whittington

Sworn to and subscribed to me on this 29th Day of Sept. 2025 by Glenn Whittington who is personally known to me.

Quinn
Notary Public

My Commission expires 3-28-29





SHATTO HEATING & AIR, INC.
 595 WEST MAIN STREET
 LAKE BUTLER, FL 32054
 Office (386)496-8224 Fax (386)496-9065
 service@shattoair.com

Contractor Affidavit for Agency:

DATE: 9/30/25

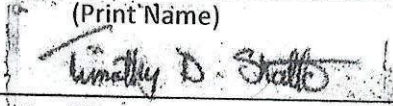
I hereby authorize: KDK Permitting, to be my

Authorized Agent for: Shatto Heating & Air, inc.
 (Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: Mobile Home permits

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

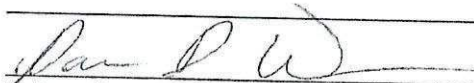
Timothy D. Shatto
 (Print Name)

 (Qualifiers Signature)

9/30/25
 Date:

 Owner
 (Title)

STATE OF FLORIDA
 COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 30 day of September, 2025 by Timothy D. Shatto, who is personally known to me - or has produced _____ as identification.


 Notary Signature

Pamela G Williams
 Notary Printed Signature

