

Mobile Home Subcontractor Verification Form

APPLICATION/PERMIT # 78653

JOB NAME Stalvey

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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 State License to Columbia County Building Department prior to permit issuance.

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.

ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: Michael Boland Signature: [Signature]
Company Name: Ace A/C of Ocala LLC Owner ☐
License #: CAC1817716 Phone #: 352-274-9326

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 is 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.

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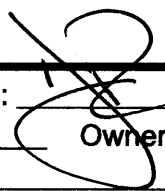
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ELECTRICAL

Printed Name: Glenn Whittington

Signature: 

Company Name: Whittington Electric

Owner ☐

License #: EC13002957 Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____

Company Name: _____

Owner ☐

License #: _____ Phone #: _____

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LIMITED POWER OF ATTORNEY

I, Glenn Whittington, License # EC13002957, do hereby authorize Brody Pack, to be my representative and act on my behalf in all aspects of applying for Electrical Permits within the State of Florida

Dated this 12 day of August, 2026

Glenn Whittington
Signature

STATE OF FLORIDA
COUNTY OF PUTNAM

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of August, 2026 by GLENN WHITTINGTON who is (X) personally known to me or () who has produced _____ as identification.

[Signature]
Notary Public
My commission expires:

