

Mobile Home Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME _____

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 andlor fines.

ELECTRICAL

Printed Name: Robert Allsbrook Signature: [Signature]
Company Name: NuPower Energy LLC Owner
License #: EC13001263 Phone #: 386-590-6783

MECHANICAL / A/C

Printed Name: Michael Boland Signature: [Signature]
Company Name: ACE AC of Ocala 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.

State of Florida
Electrical Permit Authorization Letter

January 14, 2026

To whom it may concern/Authority having Jurisdiction

I, Robert Allsbrook, duly licensed in the State of Florida, Certified Electrical Contractor License #EC13001263 NuPower Energy LLC do hereby authorize:

Brody Pace
to apply for, sign, obtain, manage, call for inspection, and close out electrical permits performed under my license.

This authorization is strictly limited to electrical permits only.
This authorization does not grant power of attorney nor the right to bind my license in any manner beyond electrical permitting.

This authorization is effective this day January 14, 2026 and ends June 30, 2026.

License Holder

Signature: [Signature]

Print Name: ROBERT ALLSBROOK

License EC130014263
305-923-7829
zargoid@comcast.net

Notary:

State of Florida

County of MONROE

Sworn to and subscribed before me

this 14th day of 2026

Personally Known

Or

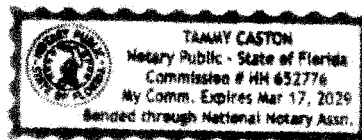
Produced Identification

Type of Identification Produced

Notary Signature [Signature]

Printed Name: Tammy Caston

My Commission expires: 3/17/2029



LIMITED POWER OF ATTORNEY

License Holder: Michael A Boland

License #: CAC1817716

I hereby name & appoint BRODY PACK as an agent of Ace A/C of Ocala, LLC, to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for _____, Florida applying to:

All permits and applications submitted by this contractor

The permit and application for work located at:

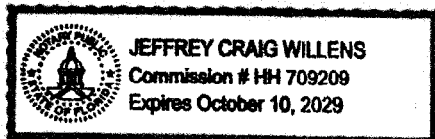
Michael Boland

License Holder Signature

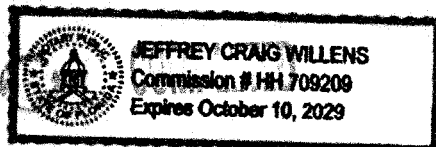
State of Florida
County of Marion

The foregoing instrument was acknowledged before me this 22 day of October, 2025,

By Michael Boland as identification and who did (did not) take an oath.



Jeffrey Craig Wilkens
Signature of Notary



Jeffrey Craig Wilkens
Print or type Notary name