

# Subcontractor Verification Form

APPLICATION/PERMIT # Permit # 54550

JOB NAME Dudley Replacement Home

## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 General Contractor's permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

**ELECTRICAL**

Printed Name: William Dudley Signature: Owner Builder  
Company Name: N/A Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MECHANICAL / A/C**

Printed Name: Michael Boland Signature: James Walth  
Company Name: Ace Ac of Ocala Owner   
License #: CAC-1817716 Phone #: 352-274-9326

**PLUMBING / GAS**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ROOFING**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FIRE SYSTEM /  
SPRINKLER**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SOLAR**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STATE SPECIALTY**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LIMITED POWER OF ATTORNEY**

License Holder: Michael A Boland

License #: CAC1817716

I hereby name & appoint James Warren 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 3 day of October, 2025,

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

Jeffrey Craig Wilens  
Signature of Notary



Jeffrey Craig Wilens  
Print or type Notary name