

Mobile Home Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Powers

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: Glenn Whittington Signature: _____
Company Name: Whittington Electric Owner ☒
License #: EC13002957 Phone #: 386-972-1700

MECHANICAL / A/C

Printed Name: Ronald Bonds Signature: _____
Company Name: Stylecrest Owner ☒
License #: CAC1817658 Phone #: 800-259-3470

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.

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 ☒ personally known to me or ☐ who has produced _____ as identification.

Jacqueline A. Larsen
Notary Public
My commission expires:





STATE OF FLORIDA

PERMIT AUTHORIZATION LETTER

I, RONALD E BONDS, SR, Mechanical License number CAC1817658, Electrical License number EC13007246, hereby authorize the following to obtain a mechanical HVAC permit and corresponding HVAC wiring permit (if necessary) for ANY install in the STATE OF FLORIDA, on behalf of Style Crest, Inc.

BRODY PACK

This authorization is to remain in effect indefinitely, unless canceled by me in writing.

Contractor's Signature

Sworn to and subscribed before me this 14th day of April, 2026
By RONALD E BONDS, SR who is personally known to me or has produced _____
as identification and who did/did not take an oath.

Notary Public

My commission expires: Oct. 3, 2026

