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 and/or fines.

ELECTRICAL	Printed Name: Glen Whittington Signature: _____ Company Name: Whittington Electric Owner ☐ License #: EC13002957 Phone #: 386 972 1700
MECHANICAL / A/C	Printed Name: Michael Boland Signature: _____ Company Name: Ace AC 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.

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 electric permits within the state of Florida.

Dated this 21st day of October, 2025

Notary Signature _____

JACQUELINE A. LARSEN
MY COMMISSION # HH 618006
EXPIRES: March 28, 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 Newberry, 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 WILLENS
Commission # HH 709209
Expires October 10, 2029

Signature of Notary

JEFFREY CRAIG WILLENS
Commission # HH 709209
Expires October 10, 2029

Jeffrey Craig Willens

Print or type Notary name