

Mobile Home Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Joshua Thomas

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: Timothy Shatto Signature: _____
Company Name: Shatto Heat & Air Owner ☒
License #: CAC057875 Phone #: 386-496-8224

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 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:





SHATTO HEATING & AIR, INC.
595 WEST MAIN STREET
LAKE BUTLER, FL 32054
Office (386)496-8224 Fax (386)496-9065
service@shattoair.com

Contractor Affidavit for Agency:

DATE: 10/23/23

I hereby authorize: Brody Pack, to be my

Authorized Agent for: SHATTO HEATING & AIR, INC.
(Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for: HVAC Mechanical

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

Timothy D. Shatto
(Print Name)

Timothy D. Shatto
(Qualifier's Signature)

10/23/ 20 23
(Date)

Owner
(Title)

STATE OF FLORIDA
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 23 day of October, 20 23 by

Timothy D. Shatto, who is personally known to me ☐ - or has produced
as identification.

Pamela G. Williams
Notary Signature

Pamela G Williams
Notary Printed Signature

