



Columbia County Building Department
135 NE Hernando Ave, Suite B-21
Lake City, FL 32055
Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 55568
- Property Owner: Christopher Auger
- Job Site Address: 734 SE Peacock Terr Lake City, FL
- Original Subcontractor: Ronlad Bonds
- License #: CAC1817658
- New Subcontractor: Michael Boland
- License #: CAC1817716

Trade (i.e. Electrical, Plumbing, HVAC, etc.): HVAC

FOR OFFICE USE

DATE RECEIVED: _____

☐ APPROVED ☐ DENIED

COMPLETED CHANGE: ☐ YES

DATE PROCESSED: _____

PROCESSED BY: _____

NOTES: _____

Reason for Change:

They want to use a different contractor

Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

Signatures (All must be notarized)

- **Property Owner (If Owner-Builder)**

Printed Name: _____ Date: _____

Signature: _____

State: _____ County: _____

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20 ____, by _____, who is ☐ personally known to me or ☐ has provided the following identification:

Notary Printed Name: _____

Notary Seal: _____

Notary Signature: _____

- **General Contractor**

Printed Name: Jacob Trowell Date: 05/12/2026

Signature: [Signature]

State: Florida County: Suwannee

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 12 day of May, 2026, by Jacob Trowell, who is personally known to me or has provided the following identification:

Notary Printed Name: Broderick D Pack

Notary Seal: _____

Notary Signature: [Signature]



BRODERICK D. PACK
Commission # HH 662366
Expires August 9, 2029

Created:
5/2025

Mobile Home Subcontractor Verification Form

APPLICATION/PERMIT # 55568 JOB NAME Auger

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

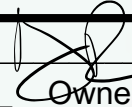
In Columbia County, one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide 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: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: Michael Boland Signature: 
Company Name: Ace AC of Oacala Owner ☐
License #: CAC1817716 Phone #: _____

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

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:

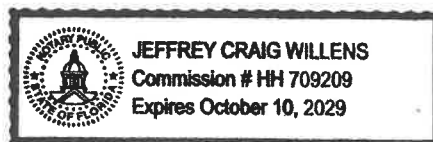
Michael Boland

License Holder Signature

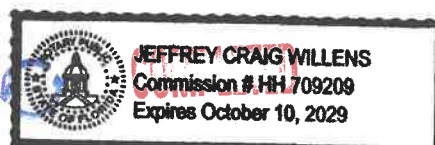
State of Florida
County of Marion

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 Willens
Signature of Notary



Jeffrey Craig Willens
Print or type Notary name