

Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Moore David

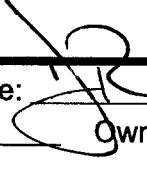
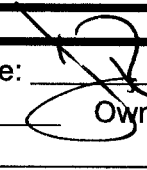
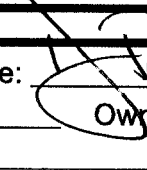
THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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: <u>Glenn Whittington</u> Signature:  Company Name: <u>Whittington Electric</u> Owner <input type="checkbox"/> License #: <u>EC13002957</u> Phone #: _____
MECHANICAL / A/C	Printed Name: <u>Timothy Shatto</u> Signature:  Company Name: <u>Shatto Heat & Air</u> Owner <input type="checkbox"/> License #: <u>CAC057875</u> Phone #: _____
PLUMBING / GAS	Printed Name: <u>Shawn Brock</u> Signature:  Company Name: <u>CSC Investment Operations</u> Owner <input type="checkbox"/> License #: <u>IH1153145</u> Phone #: _____
ROOFING	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
SOLAR	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
STATE SPECIALTY	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____


COLUMBIA COUNTY BUILDING DEPARTMENT AGENT AUTHORIZATION TO SIGN FOR PERMITS

(BLANKET)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, SHAWN BROCK (License Holder Name), licensed qualifier for CSC INVESTMENT OPERATIONS I (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1. Brody Pack	1. 
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

[Handwritten Signature]
License Holders Signature (Notarized)

111153145
License Number

3/17/2020
Date

NOTARY INFORMATION:

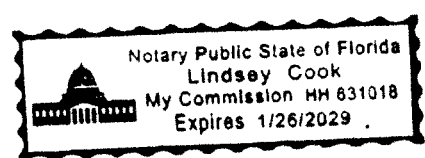
STATE OF: FL COUNTY OF: CLAY

The above license holder, whose name is SHAWN BROCK, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 11 day of MARCH, 2020.

(Seal/Stamp)

[Handwritten Signature]
Notary's Signature

LINDSEY COOK
Notary's Printed Name





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 for Ironwood Homes

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)

10/23/ 20 23
(Date)

Timothy D. Shatto
(Qualifier's Signature)

Owner
(Title)

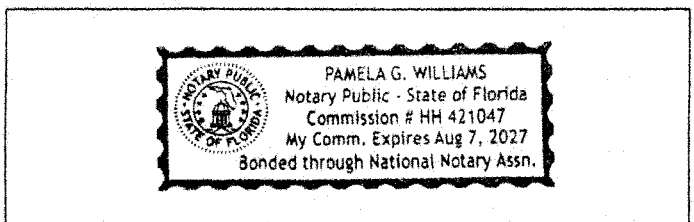
STATE OF FLORIDA
COUNTY OF: UNION

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



LIMITED POWER of ATTORNEY

I, Glenn Williams license # IH1054858 do hereby authorize Brody Pack to be my representative and act on my behalf in all aspects of applying for mobile home building permits within the State of Florida.

Dated this 6 day of October, 2025.

Signature of Contractor: Glenn Williams

Sworn to and described before me this 07th day of October, 2025.

ID PLDL

Donald G. Shugart
Notary's Signature

