

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

William Price

PHONE _____

Jimmy Jackson
337 N. Okinawa St
Lake City FL 32055

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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 Certificate of Competency license in Columbia County.

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 | Print Name _____ Signature _____ License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached |
| MECHANICAL/ A/C _____ | Print Name <u>Scott Oclon</u> Signature <u>[Signature]</u> License #: <u>CAC1822257</u> Phone #: <u>904-596-0555</u> Company Name: <u>Air Innovations</u> <input type="checkbox"/> Qualifier Form Attached |

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.

PRICE RITE ENTERPRISE INC.

"Where Quality Meets Value"

386-963-4298

Authorized Agent Form

I, Scott Oden DO HERBY AUTHORIZE:
ODA PRICE
JESSIE SHEPARD

TO PULL MY PERMITS AND ACT ON MY BEHALF AS MY AUTHORIZED
AGENT, IN ALL ASPECTS OF APPLYING FOR A HVAC/MECHANICAL
PERMIT.

[Signature]
SIGNATURE
1/15/25
DATE

Jimmy Jackson
Parcel: 26-35-17-05571-000
Address: 337 N Okinawa St
Lake City FL 32055

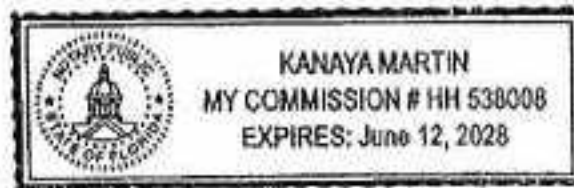
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 15 DAY OF January 20 25

[Signature]

NOTARY PUBLIC

[Signature]

NOTARY PRINT



MY COMMISSION EXPIRES: June 12, 2028

COMISSION NUMBER: HH538008

PERSONALLY KNOWN: _____

PRODUCED ID. (TYPE) P10245798 824160