Taber

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMB	er		***************************************	CONTRACTOR	William	price	PHONE	07-448-	- ଅଧିକ
		THIS	FORM MUST BE	SUBMITTED PRICE	DR TO THE ISSUANC	e of a permit			
records of the s Ordinance 89-6.	ubi . a	ontractors who	actually did require all su	the trade spec ibcontractors t	k at the permitte ific work under t o provide evider f Competency lic	he permit. Per nce of workers'	Florida Statu Compensation	te 440 and	
Any changes, 2l start of thot su	bec	ntractor begin	ning any wor	k. Violations v	corrected form vill result in stop	work orders o	ind/or fines.		ne —
ELECTRICAL		nt Name ense #:			1000 10 00 000 000 000 000				-
		SENSE R [©] _{DEFENDING POLICE AND A}		Form Attached					
rhechanical/		rint Name <i>Ress</i> icense #: <u>C</u> A			Signature Phone #:	Ronald . 7	C. Dan 68-145	le = 2 3	
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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.



March 4, 2021

Rubert Taber

STATE (F FLORIDA

PERMIT AUTHORIZATION LETTER

I, RONA D E BONDS, SR, Mechanical License number CAC1817658, Electrical License number EC13007246, hereby authorize the following to obtain a mechanical HVAC permit; nd corresponding HVAC wiring permit (if necessary) for ANY install in the STATE OF FLOI IDA, on behalf of Style Crest, Inc.

ODA PR CE JESSIE S TEPARD TBDSW Horseshoe Loup Fort White FL 32038

This aut iorization is to remain in effect indefinitely, unless cancelled by me in writing.

Contractor's Signature

Sworn to and subscribed to before me this ______ day of March 2021 By RON/ LD E BONDS, SR who is personally known to me or has produced as identification and who did/did not take an oath.

My com nission expires: 2-7-21

