



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: 08/31/2018

I hereby authorize: Kimberly Koon, to be my
 Authorized Agent for: C&G Homes
 (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: _____

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
 (Qualifiers Signature)

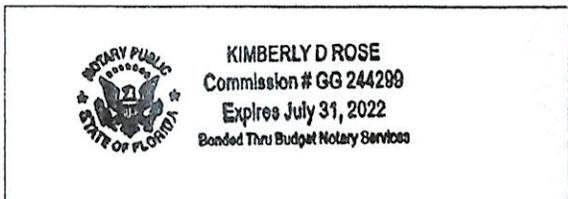
08/31/2018
 Date:

 Owner
 (Title)

STATE OF FLORIDA
 COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 31st day of August, 2018 by _____, who is personally known to me - or has produced _____ as identification.

Kimberly D. Rose
 Notary Signature
Kimberly D. Rose
 Notary Printed Signature



WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

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

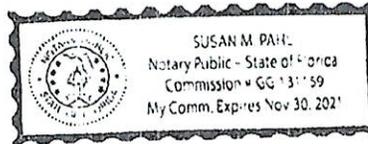
Glenn Whittington

Sworn to and subscribed to before me this 19 day of July 2019 by Glenn Whittington who is personally known to me.

Susan M. Paul

Notary public

My commission expires 11-30-21.





COLUMBIA COUNTY BUILDING DEPARTMENT
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Ernest Scott Johnson, give this authority and I do certify that the below
Installers Name

referenced person(s) listed on this form 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 Authorized Person	Signature of Authorized Person	Agents Company Name
Kimberly Moon	<i>Kimberly Moon</i>	KDh Permitting

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Ernest Scott Johnson License Holders Signature (Notarized) LH 1025249 License Number 2/2/22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Ernest Scott Johnson, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 2 day of February, 2022.

Shavon M Milton
 NOTARY'S SIGNATURE

(Seal/Stamp)

