

Subcontractor Verification Form

APPLICATION/PERMIT # _____

JOB NAME Bill Hedges

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: Donald Hollingsworth Signature: [Signature]
Company Name: Holly Electric Owner
License #: EC13005429 Phone #: 386-755-5944

MECHANICAL / A/C

Printed Name: Michael Boland Signature: [Signature]
Company Name: Ace Ac Of Ocala Owner
License #: CAC-1817716 Phone #: 352-274-9326

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

**FIRE SYSTEM /
SPRINKLER**

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

LIMITED POWER OF ATTORNEY

License Holder: Michael A Boland

License #: CAC1817716

I hereby name & appoint James Warren, 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

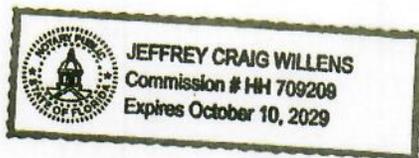
License Holder Signature

State of Florida
County of Marion

The foregoing instrument was acknowledged before me this 3 day of October, 2025,

By Michael Boland as identification and who did (did not) take an oath.

Jeffrey Craig Wilens
Signature of Notary



Jeffrey Craig Wilens
Print or type Notary name