

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1000</u> <p align="center">Qualifier Form Attached <input checked="" type="checkbox"/></p>
MECHANICAL/ A/C	Print Name <u>Timothy Shatto</u> Signature <u>Timothy Shatto</u> License #: <u>CAC057873</u> Phone #: <u>386-496-8224</u> <p align="center">Qualifier Form Attached <input checked="" type="checkbox"/></p>

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.

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 Aug 2019 by Glenn Whittington who is personally known to me.

Susan M. Pail

Notary public

My commission expires 11-30-21.





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

