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 Glenn Whittington Signature _____ POA License #: EC13002957 Phone #: 386-684-4601 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Michael Boland Signature _____ POA License #: CAC1817716 Phone #: 352-274-9326 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.

Revised 4/27/2017

WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148
PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701 Ec-13002957
EMAIL:-whitt1954@gmail.com

This letter is to state that I Glenn Whittington,State certified electrical contractor #EC 13002957 authorize Brody Pack to act on my behalf obtaining permits 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 7th day January 2021 by Glenn Whittington who is personally known to me.

Notary public

My commission expires_____

Notary Public State of Florida
Erika B Ashley
My Commission HH 014307
Expires 07/26/2024

LIMITED POWER OF ATTORNEY

License Holder: Michael A Boland

License #: CAC1817716

I hereby name & appoint Broderick Pack 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 18 day of Jan, 2021,
By Michael Boland as identification and who did (did not) take an oath.

JEFFREY CRAIG WILLENS
MY COMMISSION # GG 143516
EXPIRES: October 10, 2021
Bonded Thru Notary Public Underwriters

Jeffrey C. Willens

Signature of Notary

Jeffrey C. Willens

Print or type Notary name