

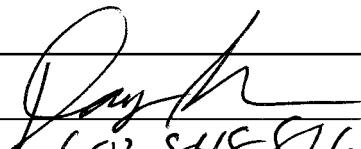
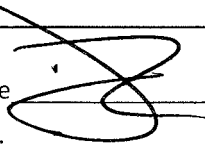
MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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 _____ Signature <u></u> License #: <u>Homeowner</u> Phone #: <u>(403) 848-8160</u> Company Name: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C	Print Name <u>Timothy Shatto</u> Signature <u></u> License #: <u>CAC057875</u> Phone #: _____ Company Name: <u>Shatto Heat AC</u> <input type="checkbox"/> 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.



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: 10/23/23

I hereby authorize: Brody Pack, to be my

Authorized Agent for: SHATTO HEATING & AIR, INC.
(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: HVAC Mechanical

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)

10/23/2023
(Date)

Timothy D. Shatto
(Qualifier's Signature)

Owner
(Title)

STATE OF FLORIDA
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 23 day of October, 2023 by

Timothy D. Shatto, who is personally known to me ☐ - or has produced
_____ as identification.

Pamela G. Williams
Notary Signature

Pamela G Williams
Notary Printed Signature

