



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

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Michael S Santarone (license holder name), licensed qualifier
Stellar Contracting, Inc.
for _____ (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) 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 Person Authorized	Signature of Authorized Person
1. Gregory Baker	1.
2. Robert Pizzaro	2.
3. Kimberley Stanton	3.
4. _____	4. _____
5. _____	5. _____

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) CGC042238 6/7/2023
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Duval

The above license holder, whose name is Michael S Santarone
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 7th day of June, 2023.

NOTARY'S SIGNATURE Jill M Malone

(Seal/Stamp)



THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION



Department of Business
& Professional Regulation

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LICENSEE DETAILS

10:50:10 AM 6/6/2023

Licensee Information

Name:	SANTARONE, MICHAEL S (Primary Name) STELLAR CONTRACTING, INC. (DBA Name)
Main Address:	1309 HIDEAWAY DRIVE SOUTH JACKSONVILLE Florida 32259
County:	ST. JOHNS

License Information

License Type:	Certified General Contractor
Rank:	Cert General
License Number:	CGC042238
Status:	Current,Active
Licensure Date:	11/19/1987
Expires:	08/31/2024

Special Qualifications

Qualification Effective

Construction Business	04/13/2005
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Alternate Names

[View Related License Information](#)

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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.