

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 _____ License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Rodney Crabbs</u> Signature <u>[Signature]</u> License #: <u>RA13067616</u> Phone #: <u>386-288 8034</u> Company Name: <u>Quality Aircare</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.

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ELECTRICAL	Print Name <u>Glen Whittington</u> Signature <u>[Signature]</u> License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u> Company Name: <u>Whittington Electric</u> <input checked="" type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached

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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.

Erika Ashley
Notary public

My commission expires _____

