

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. Pahl

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)

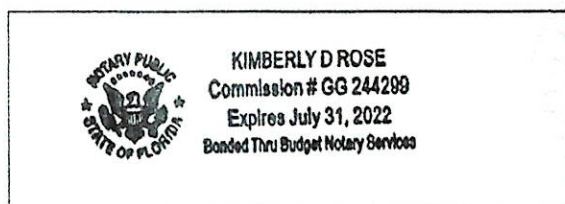
STATE OF FLORIDA
COUNTY OF: UNION

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



LIMITED POWER OF ATTORNEY

I, Ernest "Scott" Johnson, License # IH-1025249 hereby Authorize Kimberly Koon to be my representative and act on my behalf in all aspect in obtaining a Moving Permit in any county or city in the state of Florida. This Authorization is to remain effective indefinitely, unless cancelled by me in writing.

Ernest "Scott" Johnson

Signed

9/25/2019

Date

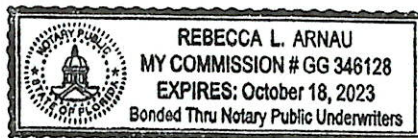
This foregoing instrument was acknowledged before me on this ____ day of _____ 2019.

Personally known: ✓

Produced ID (Type): _____

Rebecca L. Arnau

Notary public



Stamp



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, Ernest "Scott" Johnson (license holder name), licensed qualifier
for Dependable mobile Home Service LLC (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 488, 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 <u>Kimberly Hoon</u>	1 <u>Kimberly Hoon</u>
2	2
3	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, employees, 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.

Ernest S. Johnson TH1625249 9.25.19
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is Ernest S. Johnson
personally appeared before me and is known by me or has produced identification
(type of I.D.) 25 on this 25 day of September, 2019

Rebecca L. Arnaud
NOTARY'S SIGNATURE



LIMITED POWER OF ATTORNEY

I, William Herschler, do hereby authorize Kimberly Moon to be my representative and act on my behalf in all aspects of applying for a move on permit to be placed on my property described as: Sec 35 Twp. 6 S Rge 16 E Tax Parcel No. 04070-000.

W. P. Herschler
(Property Owner Signature)

4/1/2020
(Date)

Sworn to and subscribed before me this 1 day of April, 20 20.

Rebecca L. Arnau
Notary Public

My Commission expires: _____
Commission No. _____
Personally known: _____
Produced ID (Type) _____



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>Whittington Electric</u> License #: <u>EC13002457</u>	Signature <u>Kirkley Hoehn P.O.A</u> Phone #: <u>386-684-4601</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		
MECHANICAL/ A/C _____	Print Name <u>Shatto Heating & Air</u> License #: <u>CPCC057875</u>	Signature <u>Kirkley Hoehn P.O.A</u> Phone #: <u>386-496-8224</u>
Qualifier Form Attached <input checked="" type="checkbox"/>		

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.