## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER	CONTRACTOR		PHONE
	THIS FORM MUST I	BE SUBMITTED PRIOR TO TH	HE ISSUANCE OF A PERMIT	
records of the Ordinance 89-	ounty one permit will cover all to subcontractors who actually dic 6, a contractor shall require all s neral liability insurance and a va	d the trade specific wor subcontractors to provi	k under the permit. Per F de evidence of workers' o	Florida Statute 440 and compensation or
Any changes, start of that se	the permitted contractor is respublic	oonsible for the correct rk. Violations will resul	ed form being submitted It in stop work orders and	I to this office prior to the d/or fines.
ELECTRICAL	Print Name	s	signature	
	License #:	P	Phone #:	
	Qualifier	Form Attached		
MECHANICAL/	Print Name Ronald B		SignaturePhone #:	) i 3470
	Qualif	ier 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.



March 16, 2022 STATE OF FLORIDA PERMIT AUTHORIZATION LETTER I, RONALD E BONDS, SR, Mechanical License number CAC1817658, Electrical License number EC13007246, hereby authorize the following to obtain a mechanical HVAC permit and corresponding HVAC wiring permit (if necessary) for ANY install in the STATE OF FLORIDA, on behalf of Style Crest, Inc. **Brody Pack** This authorization is to remain in effect indefinitely, unless cancelled by me in writing. Contractor's Signature Sworn to and subscribed before me this  $\frac{1}{1000}$  day of  $\frac{1}{1000}$   $\frac{1}{1000}$ By RONALD E BONDS, SR who is personally known to me or has produced as identification and who did/did not take an oath. Denise Reinbolt Notary Public, State of Ohio My Commission Expires: My commission expires: 2-1-24

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER 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 <u>REQUIRED</u> 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 Leo Jackson Dr	Signature Jusquan				
	License #: <u>ES12001176</u>	Phone #: 386 - 688 3332/				
	Qualifier Form Attached					
MECHANICAL/	Print Name	Signature				
A/C	License #:	Phone #:				
	Qualifier Form Attached					

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