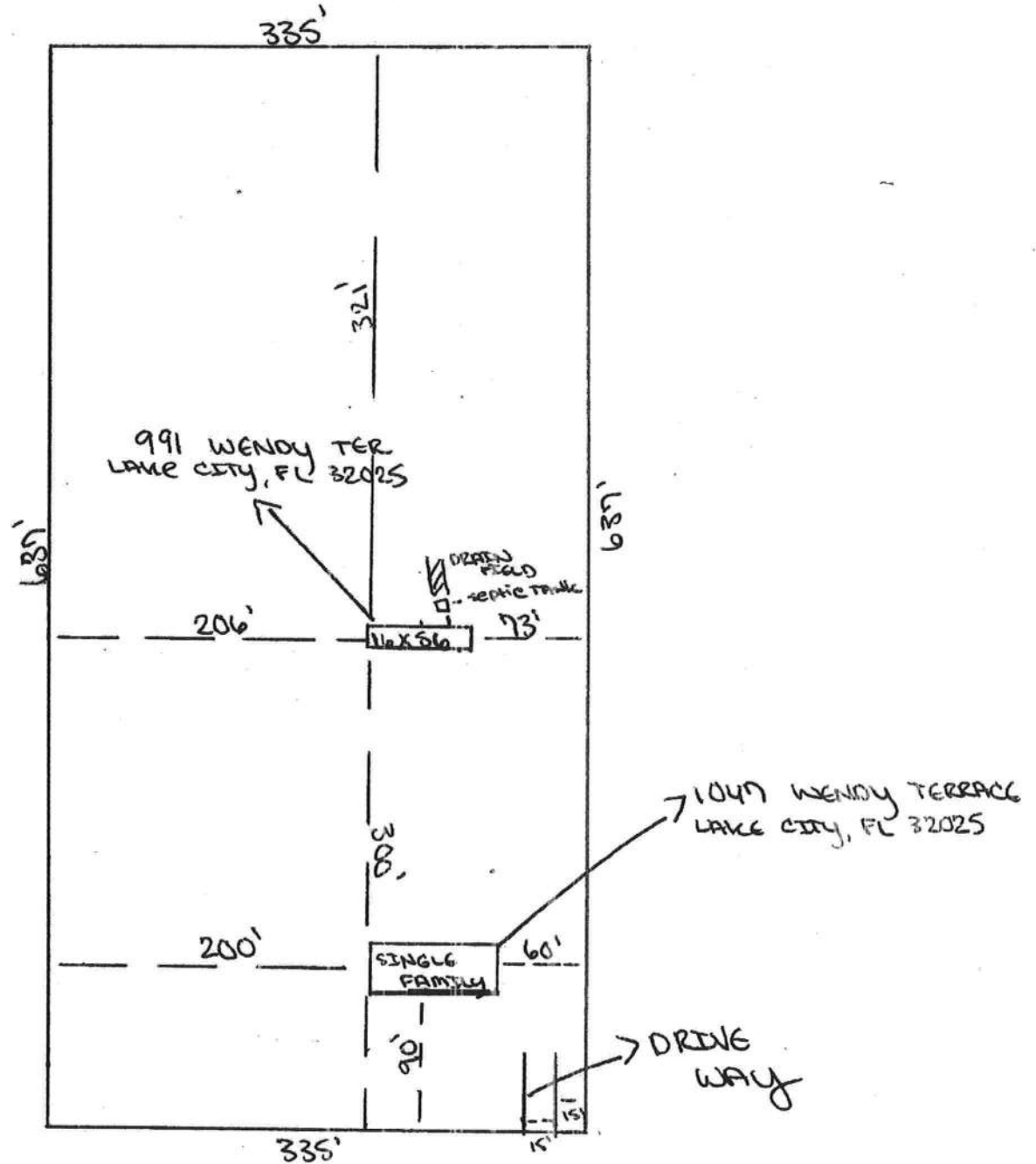


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SW WENDY TER

1 inch = 100'

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER Rhonda Evans 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>Donald Hollingsworth</u> Signature <u>[Signature]</u> License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input 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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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ELECTRICAL	Print Name _____ Signature _____ License #: _____ Phone #: _____ Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C _____	Print Name <u>William C. Evans III</u> Signature <u>W.C. Evans</u> License #: <u>Owner</u> Phone #: <u>904 338 8860</u> Qualifier Form Attached <input type="checkbox"/>

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COLUMBIA COUNTY BUILDING DEPARTMENT
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
 Phone: 386-758-1008 Fax: 386-758-2160

I, Justus LaRiccia (license holder name), licensed qualifier for J & J Homes and Services (company name), do certify that the below referenced person(s) listed on this form 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. Justus LaRiccia	1.
2. Josiah LaRiccia	2.
3. Abigail LaRiccia Dyal	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 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)

1H/1127039
 License Number

04/24/20
 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Justus LaRiccia, personally appeared before me and is known by me or has produced identification (type of I.D.) known by me on this 24th day of April, 2020.

NOTARY'S SIGNATURE

(Seal/Stamp)

