

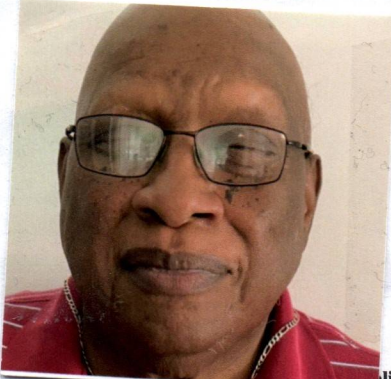
Melissa Garber

From: Denise Clemons <buildingdept@unioncounty-fl.gov>
Sent: Monday, August 28, 2023 1:46 PM
To: Melissa Garber
Subject: Granger, James

Good afternoon,
James Granger
Lic Num. er0013385
Has been register within our county
Please note he has not pulled any permits with us yet.

Denise Clemons
Union County Building Department
15 Northeast 1st Street
Lake Butler, FL 32054
Phone 386-496-2676

OK
n.c.
9-1-23



COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
BUILDING & ZONING DEPARTMENT
P.O. DRAWER 1529
LAKE CITY, FL 32056
(386) 719-2023

APPLICATION FOR CONTRACTOR'S CERTIFICATE OF COMPETENCY

Application in ink (please print or type). Make check payable to the Columbia County Board of County Commissioners.
Please read all instructions and make sure you have signed where indicated.

1. Applicant's Name Granger James Lamont
Last First Middle
Residential Address 2136 Jernigan Road Jacksonville, Florida 32207
2. Name of Business CMA Electrical Contractors of Florida
Business Address 2136 Jernigan Road Jacksonville, Florida 32207
Mailing Address 2136 Jernigan Road Jacksonville, Florida 32207
- Home Phone () _____ Office Phone 904 444 1131 Cell Phone 904 947-1670
Date of Birth 9-18-1949

3. Classification Requested: X Active Status
_____ Voluntary Inactive Status
_____ Involuntary Inactive Status
_____ Re-application Status

Individual X Corporation _____ LLC _____ Other _____

4. Circle category (s) requested:

General Building Residential Sheet Metal Roofing
Air Conditioning "A" Air Conditioning "B" Air Conditioning "C"
Mechanical Commercial Pool Residential Pool Swimming Pool Servicing
Electrical Plumbing Solar Contractor

Specialty: _____
(Type Specialty Category Requested)

5. List all state registration numbers: (For State of Florida Exams)

State Registered No.'s ER0013385 State Registered No.'s _____

6. **DO YOU HAVE EMPLOYEES IN YOUR BUSINESS? YES X OR NO _____
If yes; How many? 1 Are they covered by Worker's Comp. Insurance? If yes; please provide Worker's Compensation or exemption. If no, please state reason.

7. Under penalties of perjury, I declare that I have read the foregoing statements, and that the facts are true to the best of my knowledge and belief.

[Signature]
APPLICANT'S SIGNATURE

8/3/23
DATE

BUSINESS AFFIDAVIT

The undersigned hereby makes application for licensure and vouches for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that he/she has full authority to supervise construction undertaken by himself/herself or such business or organization, and that he/she will continue during this certification to be able to so bind or act for this business organization, and will immediately notify the Board of any change in this position.

Any willful falsification of any information contained in this application or an attached form is grounds for disqualification.

Name of Business CMA Electrical Contractors of Florida

James Granger

Printed Name of License Holder

[Signature]

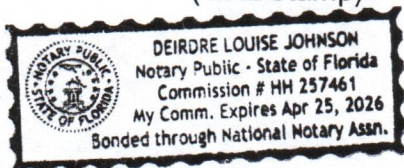
(Notarized) Signature of License Holder

STATE OF FLORIDA

COUNTY OF Duval

Sworn and subscribed to before me this 3rd day of August, 2023 who is personally known to me or has produced as identification _____.

(Seal/Stamp)



[Signature]

Signature of Notary

Deirdre Louise Johnson

Print Name of Notary



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, James L Granger (license holder name), licensed qualifier
for CMA Electrical Contractors of Florida (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. <u>Earl L Johnson III</u>	1. <u>[Signature]</u>
2. <u>Deirdre L Johnson</u>	2. <u>[Signature]</u>
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 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.

[Signature]

License Holders Signature (Notarized)

ER0013385

License Number

8/4/23

Date

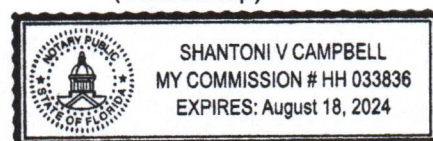
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is James L. Granger,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Florida Drivers License on this 4th day of August, 2023.

[Signature]
NOTARY'S SIGNATURE

(Seal/Stamp)



Melissa Garber

From: Emaleigh Williams
Sent: Thursday, August 17, 2023 8:40 AM
To: Melissa Garber
Subject: FW: CMA Electrical Contractors of Florida

I am assuming if they can't get proof we can't move forward? Or how do we move forward?

Emaleigh Williams

Lead Permit Specialist
Columbia County
Building and Zoning
135 NE Hernando Ave, Suite B-21
Lake City, Florida 32055
Ph (386) 758-1008

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From: Earl Johnson <metrodeizgnz@gmail.com>
Sent: Wednesday, August 16, 2023 10:14 AM
To: Emaleigh Williams <ewilliams@columbiacountyfla.com>
Subject: Fwd: CMA Electrical Contractors of Florida

Good morning

Please see the request below I received from Gilchrist County. Also I will forward the prior email that said we were registered.

Best regards,

Thank you

Deirdre Johnson

James Granger

CMA Electrical Contractors of Florida

904-444-1131

----- Forwarded message -----

From: Gilchrist Permitting <permitting@gilchrist.fl.us>
Date: Wed, Aug 16, 2023 at 10:11 AM

I hope this email finds you well. Are you able to email Columbia County at: bldginfo@columbiacountyfla.com and inform them that we are registered with Gilchrist County?

I already spoke with the Construction Qualifying Trade Board in Duval and she sent a letter as well. I truly thank you in advance.

Thank you

Deirdre Johnson

James Granger

CMA Electrical Contractors of Florida

904-444-1131

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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 this office by phone or in writing. • The information contained in this email is privileged and confidential information intended only for the entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, copying, or taking action in reliance upon this email is strictly prohibited. If you have received this email in error, please immediately notify the sender and delete this email entirely.

--

904-383 6988



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com
INSURED CMA Electrical Contractors of FLA 2136 Jernigan Road Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.578.700.5	09/25/2023	09/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Columbia County Building Department
135 NE Henando Avenue
Lake City, Florida 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DIVISION of
CORPORATIONS
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Fictitious Name

CMA ELECTRICAL CONTRACTORS OF FLORIDA

Filing Information

Registration Number G23000090206**Status** ACTIVE**Filed Date** 08/02/2023**Expiration Date** 12/31/2028**Current Owners** 1**County** MULTIPLE**Total Pages** 1**Events Filed** NONE**FEI/EIN Number** 27-2337758

Mailing Address

2136 JERNIGAN ROAD
JACKSONVILLE, FL 32207

Owner Information

GRANGER, JAMES LAMONT

2136 JERNIGAN ROAD

JACKSONVILLE, FL 32207

FEI/EIN Number: NONE**Document Number:** NONE

Document Images

G23000090206 -- No image available

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
8/2/2023

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IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insureon, Division of Specialty Program Group LLC / DBA SPG Insurance Solutions LLC in CA 203 N. LaSalle St., 20th Floor, Chicago, IL 60601	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 688-1984	FAX (A/C, No): 312-690-4123
INSURED CMA Electrical Contractors of Florida 1730 East 24th Street, Jacksonville, FL, 32206	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AmTrust	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	TWC4157957	10/8/2022	10/8/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department 135 NE Hernando Avenue Lake City, FL 32055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Constance J. Rivera</i>

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS' LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

GRANGER, JAMES LAMONT

CMA ELECTRICAL CONTRACTORS OF FLA
4629 MONCRIEF RD W UNIT 4
JACKSONVILLE FL 32208

LICENSE NUMBER: ER0013385

EXPIRATION DATE: AUGUST 31, 2024

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