

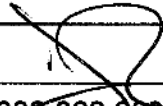
MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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>Dale Williams</u> Signature <u></u> License #: <u>EC13007092</u> Phone #: <u>386-362-2035</u> <p align="center">Qualifier Form Attached <input checked="checked" type="checkbox"/></p>
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: _____ Phone #: _____ <p align="center">Qualifier Form Attached <input type="checkbox"/></p>

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.

LIMITED POWER of ATTORNEY

I, James Dale Williams license # EC13007092 do hereby authorize Brody Pack to be my representative and act on my behalf in all aspects of applying for electrical permits within the State of Florida.

Dated this 22 day of February, 2023.

Signature of Contractor: James D Williams

Sworn to and described before me this 22 day of Feb, 2023.

Dana A Van Etten
Notary's Signature

