

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>Davin Schuck</u> Signature <u></u> License #: <u>Homewowner</u> Phone #: <u>352 205 8694</u> Company Name: _____ ☐ Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> Signature <u></u> License #: <u>CAC1817716</u> Phone #: <u>352 274 9326</u> Company Name: <u>ACE AC</u> ☐ Qualifier 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.

LIMITED POWER of ATTORNEY
Consent for County Permit Applications

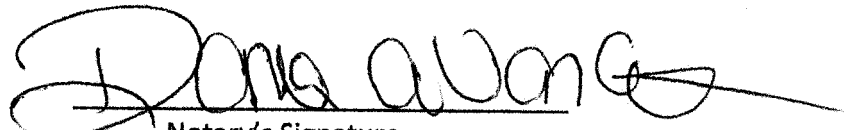
I, Dawn Schuck, do hereby authorize Brody Pace
to be my representative and act on my behalf in all aspects of applying for a
Manufactured Home Permit to be placed on my property, parcel ID
03-45-17-07571-008.

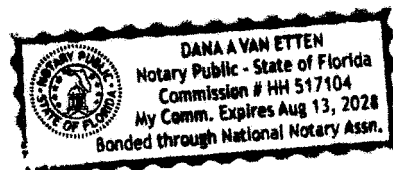
I understand that this could result in an assessment for solid waste and fire
protection services levied on this property.

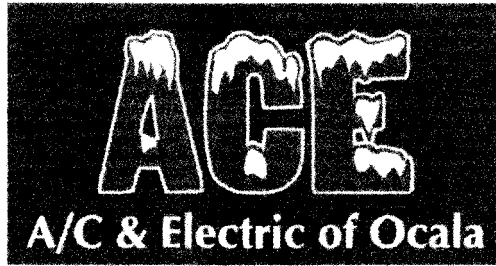
Dated this 20 day of December, 2024.

Owner: Dawn Schuck

Sworn to and described before me this 20 day of December, 2024.


Notary's Signature





PO BOX 278. OCALA, FL. 34478
TEL 352 274-9326 FAX 352 274-9151

License Holder: Michael A Boland

License #: CAC1817716

I hereby name & appoint Brody Pack as an agent of Ace A/C of Ocala, LLC, to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for _____, Florida applying to:

☒ All permits and applications submitted by this contractor

☐ The permit and application for work located at: _____

Michael Boland

License Holder Signature

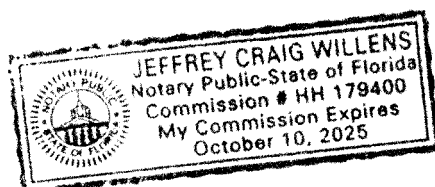
State of Florida

County of Marion

The foregoing instrument was acknowledged before me this 28 day of Aug, 2023.

By Michael Boland as identification and who did (did not) take an oath.

Jeffrey Craig Wilens
Signature of Notary



Jeffrey Craig Wilens
Print or type Notary name