

# WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

This authorization is to remain in effect indefinitely, unless cancelled by me in writing.

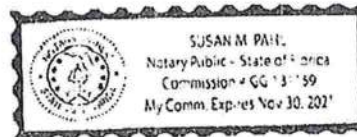
Glenn Whittington

Sworn to and subscribed to before me this 19 day of July 2019 by Glenn Whittington who is personally known to me.

Susan M. Paul

Notary public

My commission expires 11-30-21



47250  
12"



COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Christopher Scott Collins (license holder name), licensed qualifier  
for \_\_\_\_\_ (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or 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>Kimberly Hoon</u>           | 1. <u>Kimberly Hoon</u>        |
| 2.                                | 2.                             |
| 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 agents, 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.

Christopher Scott Collins CBC1252863 5/7/21  
License Holders Signature (Notarized) License Number Date

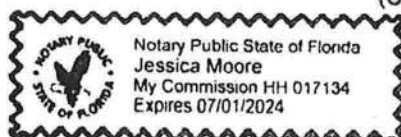
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Scott Collins,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 5 day of 7, 2021.

Jessica Moore  
NOTARY'S SIGNATURE

(Seal/Stamp)



4925



SHATTO HEATING & AIR, INC.  
595 WEST MAIN STREET  
LAKE BUTLER, FL 32054  
Office (386)496-8224 Fax (386)496-9065  
service@shattoair.com

Contractor Affidavit for Agency:

DATE: 08/31/2018

I hereby authorize: Kimberly Koon, to be my

Authorized Agent for: C & G Homes  
(Name of Company)

This authorization becomes effective of the date this affidavit is notarized.

This authorization acts a Durable Power of Attorney ONLY for the purpose of applying and signing for the HVAC (Mechanical) permit for:

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of the actions of the agent named related to this acquisition for the aforementioned company.

Timothy D. Shatto  
(Print Name)  
Timothy D. Shatto  
(Qualifiers Signature)

08/31/2018  
Date:

Owner  
(Title)

STATE OF FLORIDA  
COUNTY OF: UNION

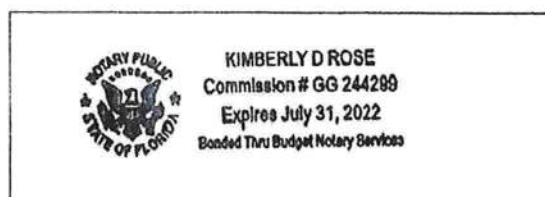
The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of August, 2018 by

\_\_\_\_\_, who is personally known to me ☒ - or has produced

\_\_\_\_\_ as identification.

Kimberly D. Rose  
Notary Signature

Kimberly D. Rose  
Notary Printed Signature



49250