

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>William Pringle</u> Signature _____ License #: <u>EC13015190</u> Phone #: <u>386-623-4606</u> Company Name: <u>Action Signs</u> ☐ Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> Signature _____ 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



Date: 6-24-25

To Whom It May Concern:

License Holder: WILLIAM PRINGLE

State License: EC13015190

Firm Address: 4180 S US HWY 441 LAKE CITY FL 32025 Telephone Number: 1-904-405-7648

I hereby authorize the following individuals to act as my agent in all areas of permitting and licensing procedure with the municipality to which this is presented.

X

This authorization is for sign permits at various locations and to register the contractor

This authorization is for the following location:

Cindy Gould
Edward Krauss
Vincent Evangelista
Wayne Laxton
Brody Pack

Date 6-24-25

Signed: [Signature]

Contractor

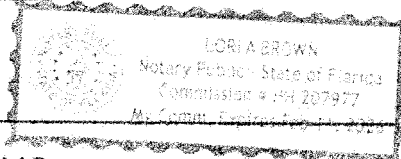
CONTRACTORS SIGNATURE NOTARIZED:

State of Florida

County of DAVIE

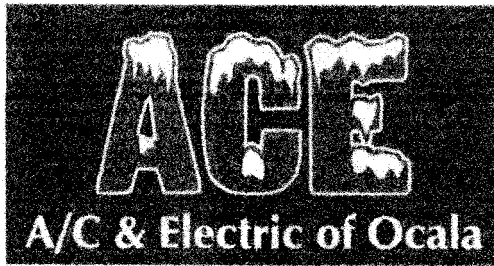
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 24th day of JUNE 20 25 by WILLIAM PRINGLE who is personally known to me, or ☒ has produced FLDL exp 6/6/37 as identification and who did not take an oath.

[Signature]



Signature of NOTARY PUBLIC

SEAL



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

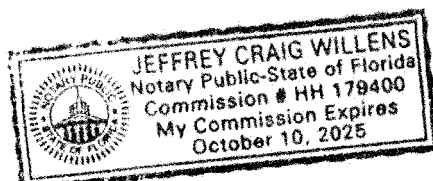
State of Florida

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