

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Ernest S Johnson PHONE 904-501-7878

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>Glenn Whittington</u> Signature <u></u> License #: <u>EC13002957</u> Phone #: <u>386-972-1700</u> Qualifier Form Attached <input type="checkbox"/>
MECHANICAL/ A/C	Print Name <u>Michael Boland</u> Signature <u></u> License #: <u>CAC1817716</u> Phone #: <u>352-274-9326</u> Qualifier Form Attached <input type="checkbox"/>

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.

**POWER OF ATTORNEY
Authorization Form**

Date: 11/18/19

I, Glenn Whittington, license holder for Whittington Electric

License number EC13002159 Contractors signature Glenn Whittington

Hereby name and appoint the following person(s)

Brenda Gallo Raymond Russell Vincent J Gallo, Jr.

To be my lawful attorney-in-fact to

☒ (a) Sign and submit permit applications and subcontractor forms, ☐ (b) obtain building permit, and/or ☒ (c) obtain the certificate of occupancy
(Circle all that apply).

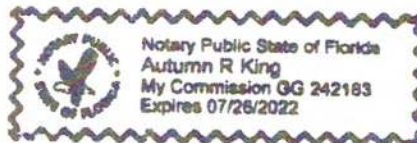
Contractor is responsible for maintaining appointed person(s). LM
(initial)

STATE OF FLORIDA
COUNTY OF Putnam

The foregoing instrument was acknowledged before me this 18 day of November, of 20 19, by Glenn Whittington, who is personally known to me () or has produced _____ as identification

Autumn R King Seal
Notary Public (Signature)

Autumn R King
Printed Name



**POWER OF ATTORNEY
Authorization Form**

Date: 11/6/19

I, Michael Boland, license holder for ACE ALC of Ocala

License number CAC1817716 Contractors signature [Signature]

Hereby name and appoint the following person(s)

Brenda Gallo Raymond Russell Vincent J Gallo, Jr.

To be my lawful attorney-in-fact to

(a) Sign and submit permit applications and subcontractor forms, (b) obtain building permit, and/or (c) obtain the certificate of occupancy
(Circle all that apply).

Contractor is responsible for maintaining appointed person(s). MB
(initial)

STATE OF FLORIDA •
COUNTY OF Marion

The foregoing instrument was acknowledged before me this 6 day of Nov, of 20 19, by Michael Boland who is personally known to me () or has produced _____ as identification

[Signature] Seal
Notary Public (Signature)

Jeffrey Craig Willens
Printed Name

