

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.

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|----------------------------------|--|
| ELECTRICAL | <p>Print Name <u>Donnie Davis</u> Signature <u>Donnie Davis</u></p> <p>License #: <u>EC6002306</u> Phone #: <u>386-623-0499</u></p> <p align="center">Qualifier Form Attached <input checked="" type="checkbox"/></p> |
| MECHANICAL/ A/C _____ | <p>Print Name <u>Timothy Shatto</u> Signature <u>Timothy Shatto</u></p> <p>License #: <u>CACDS 7875</u> Phone #: <u>386-496-8224</u></p> <p align="center">Qualifier Form Attached <input checked="" 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.

I, Donald R Davis, give this authority for the job address show below

only, TBD SW Howell St, Lake city FL 32024, and I do certify that
Job Address

the below referenced person(s) listed on this form 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 Authorized Person | Signature of Authorized Person | Authorized Person is... (Check one) |
|-----------------------------------|--------------------------------|---|
| <u>Kimberly Hoon</u> | <u>Kimberly Hoon</u> | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |
| | | <input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner |

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Donald R Davis

License Holders Signature (Notarized)

EC0002306

License Number

01/04/23

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is Donald Davis, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 4 day of January, 2023.

Amanda Parker
NOTARY'S SIGNATURE

(Seal/Stamp)

