

Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Perrault

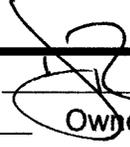
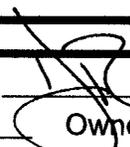
THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 General Contractor's permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

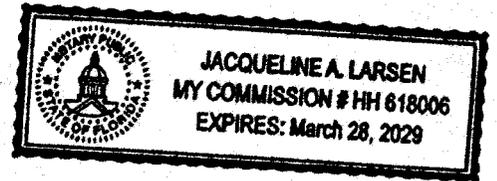
ELECTRICAL	Printed Name: <u>Glenn Whittington</u> Signature:  Company Name: <u>Whittington Electric</u> Owner <input type="checkbox"/> License #: <u>EC13002957</u> Phone #: _____
MECHANICAL / A/C	Printed Name: <u>Timothy Shatto</u> Signature:  Company Name: <u>Shatto Heat & Air</u> Owner <input type="checkbox"/> License #: <u>CAC057875</u> Phone #: _____
PLUMBING / GAS	Printed Name: <u>Kyle Johnson</u> Signature:  Company Name: _____ Owner <input type="checkbox"/> License #: <u>IH11266571</u> Phone #: _____
ROOFING	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
SOLAR	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
STATE SPECIALTY	Printed Name: <u>Kyle Johnson</u> Signature:  Company Name: _____ Owner <input type="checkbox"/> License #: <u>IH11266571</u> Phone #: _____

Limited Power of Attorney

I, Glenn Whittington License # EC13002957 do hereby authorize Brody Pack to be my representative and act on my behalf in all aspects of applying for electric permits within the state of Florida.

Dated this 21st day of October, 2025

Notary Signature *Jacqueline A. Larsen*





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: 10/23/23

I hereby authorize: Brody Pack, to be my

Authorized Agent for: SHATTO HEATING & AIR, INC.
(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: HVAC Mechanical

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)

10/23/23
(Date)

Timothy D. Shatto
(Qualifier's Signature)

Owner
(Title)

STATE OF FLORIDA
COUNTY OF: UNION

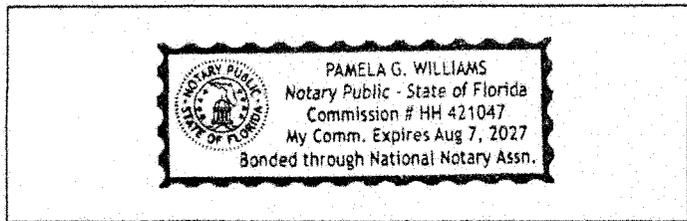
The foregoing instrument was acknowledged before me this 23 day of October, 2023 by

Timothy D. Shatto, who is personally known to me - or has produced

Pamela G. Williams as identification.

Pamela G. Williams
Notary Signature

Pamela G Williams
Notary Printed Signature



Permission to Pull Permits

I, Kyle Johnson give permission to Broderick Pack to pull permits under my installers license: IH1126657.

Signature of Contractor

Kyle Johnson

STATE OF FLORIDA
COUNTY OF alachua

SWORN AND SUBSCRIBED BEFORE ME
This 12 Day of March, 2024

By: *Kyle Johnson*

Who Is/Are personally known to me or has/have
Produced as identification:



Type of Identification

Shavon m milton Notary Public, Commission No. HH 075545

Shavon m milton (Name of notary typed, printed or stamped)