

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR William Price PHONE 407-448-1953

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>Joshua Chase</u> License #: <u>Ownerbuilder</u> Company Name: <u>Ownerbuilder</u>	Signature <u>Joshua Chase</u> Phone #: <u>386-292-4098</u> <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C	Print Name <u>Ronald Bonds</u> License #: <u>CAC1817658</u> Company Name: <u>StyleCrest</u>	Signature <u>Ronald Bonds</u> Phone #: <u>810-259-3470</u> <input type="checkbox"/> 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.

Price Rite Enterprise Inc.
"Where Quality Meets Value"
386-963-4298
Authorized Agent Form

I, Jessica Chase, DO HERBY AUTHORIZE:
ODA PRICE
JESSIE SHEPARD

parcel # 13-5517-0922-1-00
561 SE Family Rd.
Lake City FL

TO PULL MY PERMITS AND ACT ON MY BEHALF AS MY AUTHORIZED
AGENT, IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME PERMIT.

Jessica Chase
SIGNATURE
7/9/2024
DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 9th DAY OF July 2024.
[Signature]
NOTARY PUBLIC
John Davis
NOTARY PUBLIC PRINT



MY COMMISSION EXPIRES: 02/10/2027
COMMISSION NO: HH 346526
PERSONALLY KNOWN:
PRODUCED ID. (TYPE): FLD/C200-422-00-1480

Before a building permit shall be issued, this notarized disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit.

TYPE OF CONSTRUCTION

- ☐ Single Family Dwelling ☐ Two-Family Residence ☐ Farm Outbuilding
☐ Addition, Alteration, Modification or other Improvement ☐ Electrical
☒ Other electrical
☐ Contractor substantially completed project, of a _____
☐ Commercial, Cost of Construction _____ for construction of _____

I Joshua Chase, have been advised of the above disclosure
(Print Property Owners Name)

statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

Signature: Joshua Chase by POA Jany Date: 7-9-24
(Signature of property owner) Shepard

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification _____

Notary Signature _____ Date _____ (Seal)

7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850-487-1395** or <http://www.myfloridalicense.com/> for more information about licensed contractors.
11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

5101 SE Family Rd Lake City FL
(Write in the address of jobsite property)



March 4, 2021

STATE OF FLORIDA

PERMIT AUTHORIZATION LETTER

I, RONALD E BONDS, SR, Mechanical License number CAC1817658, Electrical License number EC13007246, hereby authorize the following to obtain a mechanical HVAC permit and corresponding HVAC wiring permit (if necessary) for ANY install in the STATE OF FLORIDA, on behalf of Style Crest, Inc.

ODA PRICE
JESSIE SHEPARD

Joshua Chare
Parcel # 13-55-1709221-001
541 SE Family Rd.
Lake City FL

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

Contractor's Signature

Sworn to and subscribed to before me this 4th day of March, 2021
By RONALD E BONDS, SR who is personally known to me or has produced _____
as identification and who did/did not take an oath.

Notary Public

My commission expires: 2-7-21

