MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR David Albright PHONE 386-344-3645

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	Lightning R SERVICES LLC Print Name ERIC Rutledge & GARY L. Johnston Signature _____ License #: EC13012402 Phone #: 941 725 9204 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Michael Boland Signature James Warren License #: CAC-1817716 Phone #: 352-274-9326 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.

Revised 4/27/2017

A/C & Electric of Ocala

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 James Warren 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 22 day of Jan, 2024.

By Michael Boland as identification and who did (did not) take an oath.

Jeffrey Craig Willens

Signature of Notary

JEFFREY CRAIG WILLENS
Notary Public-State of Florida
Commission # HH 179400
My Commission Expires
October 10, 2025

Jeffrey Craig Willens

Print or type Notary name