

**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.***

<b>ELECTRICAL</b>	Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1000</u> <p align="center">Qualifier Form Attached <input checked="" type="checkbox"/></p>
<b>MECHANICAL/ A/C</b>	Print Name <u>Timothy Shatto</u> Signature <u>Timothy Shatto</u> License #: <u>CAC057873</u> Phone #: <u>386-496-8224</u> <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.

# WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 1701

FAX: 386-684-3906 E-FAX#:866-496-3066 EMAIL:-whitt1954@gmail.com

This letter is to state that I, Glenn Whittington, state certified electrical contractor #EC13002957 authorize Kimberly koon to act on my behalf in obtaining permits in any county or city in the state of florida.

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

Glenn Whittington

Sworn to and subscribed to before me this 19 day of Aug 2019 by Glenn Whittington who is personally known to me.

Susan M. Pail

Notary public

My commission expires 11-30-21.





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: 08/31/2018

I hereby authorize: Kimberly Koon, to be my  
Authorized Agent for: C&G Homes  
(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: \_\_\_\_\_.

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)  
Timothy D. Shatto  
(Qualifiers Signature)

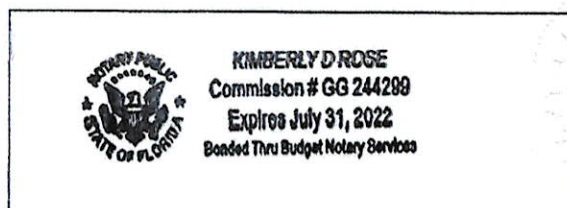
08/31/2018  
Date:

Owner  
(Title)

STATE OF FLORIDA  
COUNTY OF: UNION

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of August, 2018 by  
\_\_\_\_\_, who is personally known to me ☒ - or has produced  
\_\_\_\_\_ as identification.

Kimberly D. Rose  
Notary Signature  
Kimberly D. Rose  
Notary Printed Signature







COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, Ernest "Scott" Johnson (license holder name), licensed qualifier  
for Dependable mobile Home Service LLC (company name), do certify that  
the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an  
officer of the corporation, or, partner as defined in Florida Statutes Chapter 488, and the said  
person(s) 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 Person Authorized	Signature of Authorized Person
1. <u>Kimberly Hoon</u>	1. <u>Kimberly Hoon</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or  
officer(s), you must notify this department in writing of the changes and submit a new letter of  
authorization form, which will supersede all previous lists. Failure to do so may allow  
unauthorized persons to use your name and/or license number to obtain permits.

Ernest S. Johnson TH1625249 9.25.19  
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF Florida COUNTY OF Columbia

The above license holder, whose name is Ernest S. Johnson  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) known on this 25 day of September, 2019

Rebecca L. Arnaud  
NOTARY'S SIGNATURE

