

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: September 20	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
I hereby authorize: Jessie	Shepard . to be my	
Authorized Agent for:	SHATTO HEATING & AIR, INC.	
	(Name of Company)	
This authorization becomes effect	tive of the date this affidavit is notarized.	
This authorization acts a Durab HVAC (Mechanical) permit for	ole Power of Attorney ONLY for the purpose of applying and signing or: All Wayne Frier Mubile Homes	g for the
The undersigned understands the I	liabilities involved in the granting of this agency and accepts full responsib named related to this acquisition for the aforementioned company.	oility for an
Timothy D. Shatto	09/20/ 2023	
(Manuale)		
Lindby D. Stato	Owner	
(Qualifier's Signature)	(Title)	
STATE OF FLORIDA COUNTY OF: UNION		
The foregoing instrument was ack	nowledged before me this 20 th day of Sept. , 2023 by	
Timothy) Shatto	, who is personally known to me X - or has produced	
C=16/.	as identification.	
Notary Signature	PAMELA G. WILLIAMS Notary Public - State of Florida	
Pamela G Williams	Commission # HH 421047 Wy Comm. Expires Aug 7, 2027	
Notary Printed Signature	e Sended through National Notary Assn.	
S	TATE CERTIFIED HVAC CONTRACTOR: LICENSE # CACO57875	1

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACT	or William Price	PHONE HUT HUS UT
		THIS FORM MUST BE SUBMITTED I	PRIOR TO THE ISSUANCE OF A PERMI	п
Ordinance 89 exemption, ge Any changes,	6, a contracto eneral liability the permitted	mit will cover all trades doing was who actually did the trade sport shall require all subcontractor insurance and a valid Certificate contractor is responsible for the beginning any work. Violations	ecific work under the permit. Per stop provide evidence of works of Competency license in Column to the corrected form being submit	Per Florida Statute 440 and ers' compensation or umbia County.
ELECTRICAL	Print Name_		Signature	
	License #:	Qualifier Form Attached	Phone #:	
MECHANICAL/ A/C	177	TiMOHAL SHALTO A C 057875 Qualifier Form Attach	Signature TIVNUHAU Phone #: 380-490	Shutto las Prid ~82.247 Lille
ompensation i	d receiving a t for its employ	ts; identification of minimum poulding permit, show proof and res under this chapter as provid r a building permit.	certify to the permit issuer tha	at it has secured
Revised 4/27/20	017			