Dibra

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

[illegible] ______________ CONTRACTOR William Price ______________ PHONE 407-448-0952

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

[illegible] one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have [illegible] contractors who actually did the trade specific work under the permit. Per Florida Statute 440 and [illegible] contractor shall require all subcontractors to provide evidence of workers' compensation or [illegible] liability insurance and a valid Certificate of Competency license in Columbia County.

[illegible] permitted contractor is responsible for the corrected form being submitted to this office prior to the [illegible] beginning any work. Violations will result in stop work orders and/or fines.

Print Name [illegible signature-style handwriting]	Signature [signature]
License #: EC13002957	Phone #: 386 972 1900
Qualifier Form Attached ☐	
Print Name ______________	Signature ______________
License #: ______________	Phone #: ______________
Qualifier Form Attached ☐	

[illegible] permits; identification of minimum premium policy.—Every employer shall, as a condition to [illegible] receiving a building permit, show proof and certify to the permit issuer that it has secured [illegible] its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each [illegible] applies for a building permit.

[illegible]

Ron DeSantis, Governor

Halsey Beshears, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WHITTINGTON, GLENN

WHITTINGTON ELECTRIC INC
164 QUEENS COUNTRY RD
INTERLACHEN FL 32148

LICENSE NUMBER: EC13002957

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

LIMITED POWER OF ATTORNEY

I Glenn Whittington DO HEREBY AUTHORIZE Oda Price.

TO FULL MY PERMITS AND ACT ON MY BEHALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME PERMIT.

parcel#
12-5S17-09217-001
4424 SE High Falls Rd
Lake City FL 32025

Glenn Whittington
SIGNATURE

2-7-22
DATE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7th DAY OF Feb 2022.

Notary Public State of Florida
John Davis
My Commission GG 299936
Expires 02/10/2023

NOTARY PUBLIC

MY COMMISSION EXPIRES: 02/10/2023
COMMISSION NO. GG299936
PERSONALLY KNOWN: X
PRODUCED ID. (TYPE):

Dibra

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR William Price PHONE 407-448-8453

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Your permit will cover all trades doing work at the permitted site. It is REQUIRED that we have [illegible] who actually did the trade specific work under the permit. Per Florida Statute 440 and [illegible] shall require all subcontractors to provide evidence of workers' compensation or [illegible] liability insurance and a valid Certificate of Competency license in Columbia County.

[illegible] is responsible for the corrected form being submitted to this office prior to the [illegible] beginning any work. Violations will result in stop work orders and/or fines.

[illegible] Signature [illegible]

[illegible] Phone #: [illegible]

Qualifier Form Attached ☐

[illegible] Ronald E. Banks SR Signature Ronald E. Banks SR

[illegible] Phone #: 850-755-4453

Qualifier Form Attached ☐

[illegible] "Proof providing identification of minimum premium policy.--Every employer shall, as a condition to [illegible] receiving a building permit, show proof and certify to the permit issuer that it has secured [illegible] for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each [illegible] employer applies for a building permit.

Ron DeSantis, Governor

Halsey Beshears, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BONDS, RONALD EDWARD SR

STYLE CREST, INC.
2901 E 15TH ST
PANAMA CITY FL 32405

LICENSE NUMBER: CAC1817658

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

STYLECREST.

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.

parcel# 12-5517-0921-001

ODA PRICE
JESSIE SHEPARD

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

Ronald E Bonds

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.

Denise Reinbolt

Notary Public

My commission expires: 2-7-26

NOTARIAL SEAL
STATE OF OHIO

DENISE REINBOLT
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 02-07-2026

Style Crest, Inc. • 2901 E. 15th St. • Panama City, FL 32405 • 800-259-3470 Fax: 850-784-0745