

Dibra

MONTHLY HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR William Price

PHONE 407-448-0953

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

Each permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have a list of subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 440.38, a contractor shall require all subcontractors to provide evidence of workers' compensation or liability insurance and a valid Certificate of Competency license in Columbia County.

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

William Price
386 972 1900

Signature William Price
Phone #: 386 972 1900

Qualifier Form Attached ☐

John Price

Signature

Phone #:

Phone #:

Qualifier Form Attached ☐

Every employer providing identification of minimum premium policy.--Every employer shall, as a condition to obtaining a building permit, show proof and certify to the permit issuer that it has secured workers' compensation insurance for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time an employer applies for a building permit.

Ron DeSantis, Governor

Halsey Beshears, Secretary



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

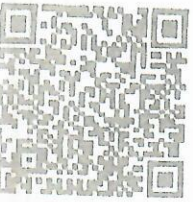
LICENSE NUMBER: EC13002957

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

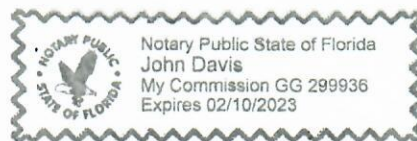
I Glenn C. Whittington DO HEREBY AUTHORIZE Oda Price.

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

Glenn C. Whittington
SIGNATURE
2-7-22
DATE

parcel #
12-5517-09217-001
4424 SE High Falls Rd -
Lake City FL 32025

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



John Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES: 02/10/2023
COMMISSION NO. 75294436
PERSONALLY KNOWN: af
PRODUCED ID. (TYPE): _____

Dipra

INCOME TAX INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR William Price PHONE 407-448-8153

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

The County permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 440.38, the contractor shall require all subcontractors to provide evidence of workers' compensation or liability insurance and a valid Certificate of Competency license in Columbia County.

The contractor is responsible for the corrected form being submitted to this office prior to the start of work or beginning any work. Violations will result in stop work orders and/or fines.

Contractor Name	Signature
Contractor Phone	Phone #
Qualifier Form Attached ☐	
Contractor Name <u>William Price</u>	Signature <u>Ronald C. Banks Jr</u>
Contractor Phone <u>407-448-8153</u>	Phone # <u>350-768-1153</u>
Qualifier Form Attached ☐	

Every employer shall, as a condition to obtaining a building permit, show proof and certify to the permit issuer that it has secured workers' compensation insurance for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time an employer applies for a building permit.



Ron DeSantis, Governor

Halsey Beshears, Secretary



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

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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# 12-5517-09217-001

ODA PRICE
JESSIE SHEPARD

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: 2-7-26

