

**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.***

<p><b>ELECTRICAL</b></p>	<p>Print Name <u>Glenn Whittington</u>                  License #: <u>EC13002957</u></p>	<p>Signature <u>Glenn Whittington</u>                  Phone #: <u>386-972-1700</u></p>
<p align="center">Qualifier Form Attached <input checked="" type="checkbox"/></p>		
<p><b>MECHANICAL/ A/C _____</b></p>	<p>Print Name <u>Ronald Bonds</u>                  License #: <u>CAC1817658</u></p>	<p>Signature <u>Ronald Bonds</u>                  Phone #: <u>800-259-3470</u></p>
<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.



October 20, 2022

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.

Kimberly Koon

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

Contractor's Signature

Sworn to and subscribed before me this 20 day of October, 2022  
By RONALD E BONDS, SR who is personally known to me or has produced \_\_\_\_\_  
as identification and who did/did not take an oath.

Stephane Heidelberg  
Notary Public

My commission expires: 3-29-2025



STEPHANE HEIDELBURG  
Notary Public, State of Ohio  
My Commission Expires:  
03/29/2025

# WHITTINGTON ELECTRIC INC

164 QUEENS COUNTRY RD, INTERLACHEN FLORIDA 32148

PHONE: 386-684-4601 CELL: 386-972-1700 OR 2701

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 July 2019 by Glenn Whittington who is personally known to me.

Susan M. Pail

Notary public

My commission expires 11-30-21.

