

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

William Pina

PHONE

407 448 0153

Laura Murphy

894 CR 242A

Lake City FL 32025

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.*

ELECTRICAL	<p>Print Name <u>Anthony Cook</u> Signature <u>[Signature]</u></p> <p>License #: <u>EC 568</u> Phone #: <u>904 891-0675</u></p> <p>Company Name: <u>River City, Eled</u></p> <p><input checked="" type="checkbox"/> Qualifier Form Attached</p>
MECHANICAL/ A/C _____	<p>Print Name _____ Signature _____</p> <p>License #: _____ Phone #: _____</p> <p>Company Name: _____</p> <p><input type="checkbox"/> Qualifier Form Attached</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.

**PRICE RITE ENTERPRISE INC.**

"Where Quality Meets Value"

**386-963-4298**

**Authorized Agent Form**

I, Anthony Cook DO HERBY AUTHORIZE:  
ODA PRICE  
JESSIE SHEPARD

TO PULL MY PERMITS AND ACT ON MY BEHALF AS MY AUTHORIZED  
AGENT, IN ALL ASPECTS OF APPLYING FOR AN ELECTRICAL PERMIT.

Anthony Cook  
SIGNATURE

1/16/25

DATE

Laura Murphy  
parcel# 29-415-17-08850-001  
address: 894 CR 242A  
LAKE CITY FL 32025

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 16 DAY OF Jan 20 25

Kitty Cook  
NOTARY PUBLIC

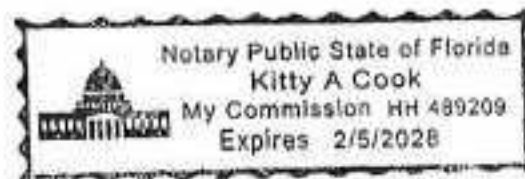
Kitty Cook  
NOTARY PRINT

MY COMMISSION EXPIRES: 2/5/28

COMISSION NUMBER: HH 489209

PERSONALLY KNOWN: /

PRODUCED ID. (TYPE) /



**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

William Price

PHONE 407-448-0951

Laura Murphy  
Address: 894 CR 242A  
Lake City FL 32025

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

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ELECTRICAL	Print Name: _____ Signature: _____ License #: _____ Phone #: _____ Company Name: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name: <u>Scott Oclun</u> Signature: <u>[Signature]</u> License #: <u>CAC1822257</u> Phone #: <u>904-596-0555</u> Company Name: <u>Air Innovations</u> <input type="checkbox"/> Qualifier Form Attached

**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.

**PRICE RITE ENTERPRISE INC.**

"Where Quality Meets Value"

**386-963-4298**

**Authorized Agent Form**

I, Scott DeLun

DO HERBY AUTHORIZE:

ODA PRICE

JESSIE SHEPARD

TO PULL MY PERMITS AND ACT ON MY BEHALF AS MY AUTHORIZED  
AGENT, IN ALL ASPECTS OF APPLYING FOR A HVAC/MECHANICAL  
PERMIT.

Sto Del

SIGNATURE

1/15/25

DATE

Laura Murphy  
parcel # 29-45-17-08850-001  
Address: 894 CR 242A  
Lake City FL 32025

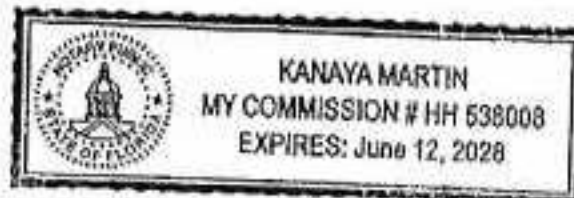
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 15 DAY OF January 20 25

Kanaya Martin

NOTARY PUBLIC

Kanaya Martin

NOTARY PRINT



MY COMMISSION EXPIRES: June 12, 2028

COMISSION NUMBER: HH 538008

PERSONALLY KNOWN: \_\_\_\_\_

PRODUCED ID. (TYPE) FL 0345 798 824100