

**SUBCONTRACTOR VERIFICATION FORM**

65

APPLICATION NUMBER 1210-22 CONTRACTOR CKEN BUILDERS PHONE 10/10/2012

**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.**

<input checked="" type="checkbox"/> ELECTRICAL 1352	Print Name <u>Tom Eisenhart</u> License #: <u>EC13001125</u>	Signature <u>[Signature]</u> Phone #: <u>352-215-9550</u>
<input type="checkbox"/> MECHANICAL/ A/C	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> PLUMBING/ GAS 767	Print Name <u>Coleman's Plumber</u> License #: <u>CPC1425624</u>	Signature <u>[Signature]</u> Phone #: <u>352 472-4114</u>
<input checked="" type="checkbox"/> ROOFING 605	Print Name <u>TRACY G. Mc DONALD JR</u> License #: <u>CCCD57914</u>	Signature <u>[Signature]</u> Phone #: <u>352 213 5287</u>
<input type="checkbox"/> SHEET METAL	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	_____	_____	_____
<input checked="" type="checkbox"/> CONCRETE FINISHER 383	<u>CRC060151</u>	<u>nm: Bill Cason</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING 383	"	"	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION 383	"	"	
<input type="checkbox"/> STUCCO	_____	_____	
<input type="checkbox"/> DRYWALL	_____	_____	
<input checked="" type="checkbox"/> PLASTER 383	<u>CRC060151</u>	"	
<input checked="" type="checkbox"/> CABINET INSTALLER 383	"	"	
<input checked="" type="checkbox"/> PAINTING 383	"	"	
<input type="checkbox"/> ACOUSTICAL CEILING	_____	_____	
<input type="checkbox"/> GLASS	_____	_____	
<input checked="" type="checkbox"/> CERAMIC TILE 383	<u>CRC060151</u>	"	
<input type="checkbox"/> FLOOR COVERING	_____	_____	
<input type="checkbox"/> ALUM/VINYL SIDING	_____	_____	
<input checked="" type="checkbox"/> GARAGE DOOR 383	<u>CRC060151</u>	"	
<input type="checkbox"/> METAL BLDG ERECTOR	_____	_____	

**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.