


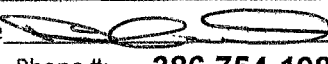
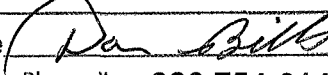
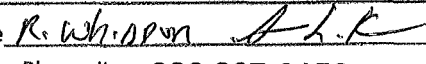
SUBCONTRACTOR VERIFICATION FORM




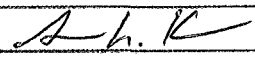
APPLICATION NUMBER 1402-54 CONTRACTOR Bryant Jennings PHONE _____

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.

<input checked="" type="checkbox"/> ELECTRICAL 871	Print Name D&S Electric License #: Ec13003800	Signature  Phone #: 386 623-9055
<input checked="" type="checkbox"/> MECHANICAL/ A/C B 13	Print Name D L Williams License #: CAC1816913	Signature  Phone #: 386 754-1987
<input checked="" type="checkbox"/> PLUMBING/ GAS 298	Print Name Hometown Plumbing Don Bell License #: CFC1498890	Signature  Phone #: 386 754-6140
<input checked="" type="checkbox"/> ROOFING 1426	Print Name Roger Whigdon License #: CCC1330273	Signature  Phone #: 386 867-0156
SHEET METAL	Print Name _____ License #: N/A	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: N/A	Signature _____ Phone #:
SOLAR	Print Name _____ License #: N/A	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	000620	Bryant Stevens	
<input checked="" type="checkbox"/> CONCRETE FINISHER	00310	Larry Parrish	
<input checked="" type="checkbox"/> FRAMING	000252	Glenn Keen	
INSULATION	Owner		
STUCCO	Owner		
DRYWALL	Owner		
PLASTER	Owner		
CABINET INSTALLER	Owner		
PAINTING	Owner		
ACOUSTICAL CEILING	Owner		
GLASS	Owner		
CERAMIC TILE	Owner		
FLOOR COVERING	Owner		
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	000253	Glenn King	
GARAGE DOOR	N/A		
METAL BLDG ERECTOR	N/A		

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.