

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1604-11 CONTRACTOR Blake Lundy PHONE (813) 754-5810

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 309	Print Name <u>Matt Burns.</u> License #: <u>EC 13006531</u>	Signature <u>[Signature]</u> Phone #: <u>935-0444</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 138	Print Name <u>Lamar Booser</u> License #: <u>RA 0035027</u>	Signature <u>[Signature]</u> Phone #: <u>754-66700</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS 298	Print Name <u>DON Bills</u> License #: <u>CPC 1428880</u>	Signature <u>[Signature]</u> Phone #: <u>754-1140</u>
ROOFING	Print Name <u>Separate Sheet</u> License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<u>Separate Sheet</u>		
CONCRETE FINISHER	<u>N/A</u>		
<input checked="" type="checkbox"/> FRAMING	<u>CBC 1253408</u>	<u>Blake N. Lundy III</u>	<u>[Signature]</u>
INSULATION	<u>↓ ↓</u>	<u>↓</u>	
STUCCO	<u>N/A</u>		
<input checked="" type="checkbox"/> DRYWALL	<u>00627</u>	<u>Bobby Jackson</u>	<u>[Signature]</u>
PLASTER	<u>N/A</u>		
<input checked="" type="checkbox"/> CABINET INSTALLER	<u>CBC 1253408</u>	<u>Blake N. Lundy III</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING	<u>000104</u>	<u>Teddy Ling</u>	<u>[Signature]</u>
ACOUSTICAL CEILING	<u>N/A</u>		
GLASS	<u>N/A</u>		
<input checked="" type="checkbox"/> CERAMIC TILE	<u>CBC 1253408</u>	<u>Blake N. Lundy II</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING	<u>CBC 1253408</u>	<u>↓ ↓</u>	
ALUM/VINYL SIDING	<u>Separate Sheet</u>		
<input checked="" type="checkbox"/> GARAGE DOOR	<u>000211</u>	<u>Richard Horn</u>	<u>[Signature]</u>
METAL BLDG ERECTOR	<u>N/A</u>		

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.

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING 669	Print Name <u>MICHAEL PARWELL</u> License #: <u>CCC 1325866</u>	Signature <u>Michael W Parwell</u> Phone #: <u>755-7878</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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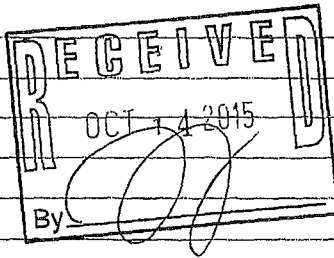
JOB NUMBER 1604-11 CONTRACTOR SLATE LINDS PHONE 886 754 5816
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PLUMBING/ GAS	Print Name _____ License # _____	Signature _____ Phone # _____
ROOFING	Print Name _____ License # _____	Signature _____ Phone # _____
SHEET METAL	Print Name _____ License #. _____	Signature _____ Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License#. _____	Signature _____ Phone # _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	000287	Willie Dixon	
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
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CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	1589 SCC 131151543	Kimberly Kirk	<i>[Signature]</i>
GARAGE DOOR			
METAL BLDG ERECTOR			

*THIS CERTIFICATE
FORWARDED TO
Building Dept.*

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