

SUBCONTRACTOR VERIFICATION FORM

APP. CATION NUMBER Crain 32322 CONTRACTOR Fred J. Hatfield PHONE 386 364 1234  
 Columbia  
 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                | Print Name _____<br>License # _____                              | Signature _____<br>Phone # _____                                |
| MECHANICAL/<br>A/C        | Print Name _____<br>License # _____                              | Signature _____<br>Phone # _____                                |
| ✓ PLUMBING/<br>GAS 1365   | Print Name <u>Daron Hokanson</u><br>License # <u>CFC 1426264</u> | Signature <u>Daron Hokanson</u><br>Phone #: <u>386-365-1667</u> |
| ROOFING                   | Print Name _____<br>License # _____                              | Signature _____<br>Phone # _____                                |
| SHEET METAL               | Print Name _____<br>License # _____                              | Signature _____<br>Phone # _____                                |
| FIRE SYSTEM/<br>SPRINKLER | Print Name _____<br>License # _____                              | Signature _____<br>Phone # _____                                |
| SOLAR                     | Print Name _____<br>License # _____                              | Signature _____<br>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 |                |                              |                           |

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

**RECEIVED**

10.9.14

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1409-27 CONTRACTOR Gamble & Associates PHONE 386-364-1234  
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|  |  |
|--|--|
| <input checked="" type="checkbox"/> ELECTRICAL<br>765      | Print Name <u>Wood's Electrical Services</u> Signature <u>[Signature]</u><br>License # <u>EC 13002213</u> Phone # <u>386-364-7326</u>    |
| <input checked="" type="checkbox"/> MECHANICAL/<br>A/C 568 | Print Name <u>David Hulls Heating &amp; AC</u> Signature <u>[Signature]</u><br>License # <u>CACO 57424</u> Phone # <u>386-755-9772</u>   |
| <input checked="" type="checkbox"/> PLUMBING/<br>GAS 1290  | Print Name <u>Aristocrat Plumbing, Inc</u> Signature <u>[Signature]</u><br>License # <u>CFLD2697</u> Phone # <u>386-688-3881</u>         |
| ROOFING  | Print Name <u>N/A</u> Signature _____<br>License #: _____ Phone #: _____   |
| <input checked="" type="checkbox"/> SHEET METAL<br>573     | Print Name <u>Gamble &amp; Associates Const.</u> Signature <u>[Signature]</u><br>License # <u>CBC 058310</u> Phone # <u>386-364-1234</u> |
| FIRE SYSTEM/<br>SPRINKLER                                  | Print Name <u>N/A</u> Signature _____<br>License #: _____ Phone #: _____   |
| SOLAR  | Print Name <u>N/A</u> Signature _____<br>License #: _____ Phone #: _____   |

| Specialty License                                      | License Number    | Subcontractor Printed Name           | Subcontractor Signature |
|--|-------------------|--------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> MASON              |                   |                                      |                         |
| <input checked="" type="checkbox"/> CONCRETE FINISHER  | <u>573</u>        | <u>Fred James Hatfield</u>           | <u>[Signature]</u>      |
| FRAMING  |                   |                                      |                         |
| INSULATION   |                   |                                      |                         |
| STUCCO   |                   |                                      |                         |
| DRYWALL  |                   |                                      |                         |
| PLASTER  |                   |                                      |                         |
| CABINET INSTALLER                                      |                   |                                      |                         |
| PAINTING   |                   |                                      |                         |
| ACOUSTICAL CEILING                                     |                   |                                      |                         |
| GLASS  |                   |                                      |                         |
| CERAMIC TILE   |                   |                                      |                         |
| FLOOR COVERING   |                   |                                      |                         |
| ALUM/VINYL SIDING                                      |                   |                                      |                         |
| GARAGE DOOR  |                   |                                      |                         |
| <input checked="" type="checkbox"/> METAL BLDG ERECTOR | <u>CBC 058310</u> | <u>Gamble &amp; Assoc Const. Inc</u> | <u>[Signature]</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. 440.30 and 440.38, and shall be presented each time the employer applies for a building permit.

**SUBCONTRACTOR VERIFICATION FORM**

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|--|--|
| <input checked="" type="checkbox"/> <b>ELECTRICAL</b><br>765     | Print Name <u>Woods Electrical Services</u> Signature _____<br>License #: <u>EC 13602213</u> Phone #: <u>386-364-5246</u>                  |
| <input checked="" type="checkbox"/> <b>MECHANICAL/A/C</b><br>568 | Print Name <u>David Halls Heating + AC</u> Signature _____<br>License #: <u>CAC 057424</u> Phone #: <u>386-755-9792</u>                    |
| <input checked="" type="checkbox"/> <b>PLUMBING/GAS</b><br>1081  | Print Name <u>Wolfe Plumbing</u> Signature _____<br>License #: <u>CFC 051621</u> Phone #: <u>386-935-6616</u>                              |
| <b>ROOFING</b>   | Print Name <u>N/A</u> Signature _____<br>License # _____ Phone #: _____  |
| <input checked="" type="checkbox"/> <b>SHEET METAL</b><br>573    | Print Name <u>Gamble &amp; Associates Const.</u> Signature <u>[Signature]</u><br>License #: <u>CBC 058310</u> Phone #: <u>386-364-1234</u> |
| <b>FIRE SYSTEM/SPRINKLER</b>                                     | Print Name <u>N/A</u> Signature _____<br>License #: _____ Phone #: _____   |
| <b>SOLAR</b>   | Print Name <u>N/A</u> Signature _____<br>License #: _____ Phone #: _____   |

| Specialty License  | License Number    | Sub-Contractors Printed Name          | Sub-Contractors Signature |
|--------------------|-------------------|---------------------------------------|---------------------------|
| MASON              |                   |                                       |                           |
| CONCRETE FINISHER  | <u>573</u>        | <u>Gamble &amp; Associates Const.</u> |                           |
| FRAMING            |                   |                                       |                           |
| INSULATION         |                   |                                       |                           |
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| DRYWALL            |                   |                                       |                           |
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| ALUM/VINYL SIDING  |                   |                                       |                           |
| GARAGE DOOR        |                   |                                       |                           |
| METAL BLDG ERECTOR | <u>CBC 058310</u> | <u>Gamble &amp; Assoc Const. Inc.</u> | <u>[Signature]</u>        |

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