

SUBCONTRACTOR VERIFICATION FORM

PERMIT

NUMBER 32458 CONTRACTOR JOHN W O'NEAL PHONE 386 752 7078

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.

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SPECIALTY ELECTRICAL (ON BLDG) MESSAGE	Print Name <u>Larry E. Perry, Jr.</u>	Signature <u>Larry E. Perry Jr.</u>
	License # <u>ES12000335</u>	Phone # <u>386 752 8121</u>
MECHANICAL/ A/C	Print Name _____ License # _____	Signature _____ Phone # _____
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
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.

2.10.15

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1410-79 CONTRACTOR John W. O'Neil PHONE 386.752.7578

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<input checked="" type="checkbox"/> ELECTRICAL 765	Print Name <u>David P Wood</u> License #: <u>EC-13002213</u>	Signature <u>[Signature]</u> Phone #: <u>386-628-1132</u>
<input type="checkbox"/> MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's 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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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1410-79 CONTRACTOR O'Neal Contracting PHONE 386-752-7578
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C 802	Print Name <u>Clinton Wilson</u> License #: <u>CAC057886</u>	Signature <u>Clinton Wilson</u> Phone #: <u>386-496-9000</u>
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING 511	Print Name <u>O'Neal Roofing Co.</u> License #: <u>CCC016346</u>	Signature <u>John W. O'Neal</u> Phone #: <u>386-752-7578</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER ?	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

L.A.E.N. 11

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
CONCRETE FINISHER	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
FRAMING	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
INSULATION	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
STUCCO	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
DRYWALL	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
PLASTER	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
CABINET INSTALLER	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
PAINTING	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
ACOUSTICAL CEILING	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
GLASS	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
CERAMIC TILE	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
FLOOR COVERING	CBC057550	O'Neal Companies, Inc	<u>John W. O'Neal</u>
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

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1410-099 CONTRACTOR Edw W. O'NEAL PHONE 386.752.7578

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS 795	Print Name <u>Paradise Plumbing</u> License #: <u>CFC-1427245</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-6407</u>
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
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CONCRETE FINISHER			
FRAMING			
INSULATION			
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PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
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FLOOR COVERING			
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