

Rec'd 4-29-14

SUBCONTRACTOR VERIFICATION FORM

 Permit NUMBER 31878 CONTRACTOR MATC NEWFELMAN PHONE 755 5254

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS	Print Name <u>Lester C Faulkner</u> License #: <u>CFC 1420421</u>	Signature <u>Lester C Faulkner</u> Phone #: <u>961.9607</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
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.

MONSTA II
SUBCONTRACTOR VERIFICATION FORM

Permit

NUMBER 31878

CONTRACTOR MATTHEW NENTZEMAN PHONE 755.5254

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ELECTRICAL	Print Name _____ License # _____	Signature _____ Phone # _____
MECHANICAL/ A/C 428	Print Name <u>TOM E. BUCCI</u> License # <u>CAC058170</u>	Signature <u>[Signature]</u> Phone # <u>386.497.2216</u>
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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1403-04 CONTRACTOR MATTHEW HENTZELMAN PHONE 386-755-5254
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT FAX: 386-758-4290

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 765	Print Name <u>DAVID WOOD</u> License # <u>EC13002213</u>	Signature <u>[Signature]</u> Phone # <u>386-623-1132</u>
☒ MECHANICAL/ A/C A 487	Print Name <u>GLENN I JONES</u> License # <u>CAC051486</u>	Signature <u>[Signature]</u> Phone # <u>386-752-5389</u>
☒ PLUMBING/ GAS 759	Print Name <u>KENNY KEEN/ROGER WHADDON</u> License # <u>CFC1428686</u>	Signature <u>[Signature]</u> Phone #: <u>386-867-6755</u>
☒ ROOFING 1111	Print Name <u>MATTHEW HENTZELMAN</u> License # <u>CCC1329208</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-5254</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	C6C1514780	MATT HENTZELMAN	[Signature]
CONCRETE FINISHER	C6C1514780	MATT HENTZELMAN	[Signature]
FRAMING	C6C1514780	MATT HENTZELMAN	[Signature]
INSULATION	C6C1514780	MATT HENTZELMAN	[Signature]
STUCCO			
DRYWALL	C6C1514780	MATT HENTZELMAN	[Signature]
PLASTER			
CABINET INSTALLER	C6C1514780	MATT HENTZELMAN	[Signature]
PAINTING	C6C1514780	MATT HENTZELMAN	[Signature]
ACOUSTICAL CLG.	C6C1514780	MATT HENTZELMAN	[Signature]
GLASS	C6C1514780	MATT HENTZELMAN	[Signature]
CERAMIC TILE	C6C1514780	MATT HENTZELMAN	[Signature]
FLOOR COVERING	C6C1514780	MATT HENTZELMAN	[Signature]
ALUM/VINYL SIDING	C6C1514780	MATT HENTZELMAN	[Signature]
GARAGE DOOR	C6C1514780	MATT HENTZELMAN	[Signature]
METAL BLDG ERECTOR	C6C1514780	MATT HENTZELMAN	[Signature]

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