

## SUBCONTRACTOR VERIFICATION FORM

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APPLICATION NUMBER 1404-53 CONTRACTOR Bryan Zecher PHONE 386-752-8653RE: **BURKE**

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 76	Print Name <u>MARC MATTHEWS</u> License #: <u>EC 13005459</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 344-2029</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 747	Print Name <u>R. MARK TOUCHSTONE</u> License #: <u>CACD-58099</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 867-0625</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS 1081	Print Name <u>SCOTT WDLFE</u> License #: <u>CFC 051621</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 935-0616</u>
<input checked="" type="checkbox"/> ROOFING 187	Print Name <u>MACJONSON ROOFING</u> License #: <u>RC 0061384</u>	Signature <u>[Signature]</u> Phone #: <u>(352) 472-4943</u>
SHEET METAL	Print Name <u>none</u> License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name <u>none</u> License #:	Signature _____ Phone #:
SOLAR	Print Name <u>none</u> License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	<u>00287</u>	<u>WILLIE DIXON</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	<u>00063</u>	<u>DARRYL SPRANEY</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING	<u>001141</u>	<u>JEFF NICHOLS</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	<u>000240</u>	<u>WILL SIKES</u>	<u>[Signature]</u>
<input type="checkbox"/> STUCCO	<u>—</u>	<u>none</u>	
<input checked="" type="checkbox"/> DRYWALL	<u>001197</u>	<u>VALERIE MASSIE</u>	<u>[Signature]</u>
<input type="checkbox"/> PLASTER	<u>—</u>	<u>none</u>	
<input checked="" type="checkbox"/> CABINET INSTALLER	<u>000245</u>	<u>CRAIG MODREMAN</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING	<u>000330</u>	<u>BOBBY TOUCHTON</u>	<u>[Signature]</u>
<input type="checkbox"/> ACOUSTICAL CEILING	<u>—</u>	<u>none</u>	
<input type="checkbox"/> GLASS	<u>—</u>	<u>none</u>	
<input checked="" type="checkbox"/> CERAMIC TILE 853	<u>CBC 054575</u>	<u>BRYAN ZECHER</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING 853	<u>CBC 054575</u>	<u>BRYAN ZECHER</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	<u>000359</u>	<u>GREG MAY</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> GARAGE DOOR	<u>000619</u>	<u>CARL BULLARD</u>	<u>[Signature]</u>
<input type="checkbox"/> METAL BLDG ERECTOR	<u>—</u>	<u>none</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.