

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1404-39 CONTRACTOR Mike Todd Construction PHONE 755-4387

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 871	Print Name <u>D+S Lighting</u> License #: <u>EC13003800</u>	Signature <u>[Signature]</u> Phone #: <u>623-9055</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 13	Print Name <u>D.L. Williams HVAC</u> License #: <u>CAC1816913</u>	Signature <u>[Signature]</u> Phone #: <u>754-1987</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS 298	Print Name <u>Hometown Plumbing</u> License #: <u>CPC1428890</u>	Signature <u>[Signature]</u> Phone #: <u>754-6140</u>
<input checked="" type="checkbox"/> ROOFING 539	Print Name <u>Mike Todd Construction</u> License #: <u>CGC006209</u>	Signature <u>[Signature]</u> Phone #: <u>755-4387</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
<input checked="" type="checkbox"/> MASON	<u>000222</u>	<u>Harold E Houston Const.</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	<u>000310</u>	<u>Parrish Enterprises</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING 539	<u>CGC006209</u>	<u>MTC</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION 539	<u>CGC006209</u>	<u>MTC</u>	
STUCCO	—	—	
<input checked="" type="checkbox"/> DRYWALL 539	<u>CGC006209</u>	<u>MTC</u>	
PLASTER	—	—	
<input checked="" type="checkbox"/> CABINET INSTALLER 539	<u>CGC006209</u>	<u>MTC</u>	
<input checked="" type="checkbox"/> PAINTING 539	<u>CGC006209</u>	<u>MTC</u>	
ACOUSTICAL CEILING	—	—	
<input checked="" type="checkbox"/> GLASS 539	<u>CGC006209</u>	<u>MTC</u>	
<input checked="" type="checkbox"/> CERAMIC TILE 152	—	<u>Top Notch Tile</u>	
<input checked="" type="checkbox"/> FLOOR COVERING	<u>001263</u>	<u>Brown Vann</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.