

**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1308 SP CONTRACTOR Thomas Willits PHONE 904-813 1066  
**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 76	Print Name <u>Marcus Matthews</u>	Signature <u>Marcus Matthews</u>
	License #: <u>ER 0014352</u>	Phone #: <u>1-386-344-2029</u>
MECHANICAL/ A/C B 142	Print Name <u>Matthew Beaudry</u>	Signature <u>Matthew Beaudry</u>
	License #: <u>CAC 1813865</u>	Phone #: <u>904-509-9744</u>
PLUMBING/ GAS 1424	Print Name <u>Keith Babine</u>	Signature <u>Keith Babine</u>
	License #: <u>CFC 057337</u>	Phone #: <u>1-386-756-8551</u>
ROOFING	Print Name <u>Thomas Willits</u>	Signature <u>Thomas Willits</u>
	License #: <u>LCC 1329276</u>	Phone #: <u>1-904-813-1066</u>
SHEET METAL	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____
SOLAR	Print Name <u>N/A</u>	Signature _____
	License #: _____	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			

*obc 1257175  
# 1419 ok*

*See Attached Sheet*

**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 1308-58 CONTRACTOR Thomas Willits PHONE 904-813-1066  
 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.*

<b>ELECTRICAL</b>	Print Name <u>Marcus Matthews</u> License # <u>ER 0014352</u>	Signature <u>[Signature]</u> Phone # <u>1-386-344-2029</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Matthew Beaudry</u> License # <u>CAC 1813865</u>	Signature <u>[Signature]</u> Phone # <u>904-509-9744</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Keith Babine</u> License # <u>CPC 057337</u>	Signature <u>[Signature]</u> Phone # <u>1-386-756-8551</u>
<b>ROOFING</b>	Print Name <u>Thomas Willits</u> License # <u>CCC 1329276</u>	Signature <u>[Signature]</u> Phone # <u>1-904-813-1066</u>
<b>SHEET METAL</b>	Print Name <u>N/A</u> License # <u>N/A</u>	Signature _____ Phone # _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name <u>N/A</u> License # <u>N/A</u>	Signature _____ Phone # _____
<b>SOLAR</b>	Print Name <u>N/A</u> License # <u>N/A</u>	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			

*General Contractor Thomas Willits will be Contractor for all specialty occupations - 9/16/13*

**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 1308-58 CONTRACTOR THOMAS WILLIAMS CONS PHONE 904-813-3428  
**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.**

<b>ELECTRICAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b> <u>1303</u>	Print Name <u>WALTER FREEMAN</u> License #: <u>CFC057595</u>	Signature <u>[Signature]</u> Phone #: <u>352-210-0062</u>
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

**RECEIVED**

8-16-13

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.

Permit # 31432

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1308-58

CONTRACTOR THOMAS WILLIAMS

PHONE 904.813.1066

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.*

<b>ELECTRICAL</b> ✓ 76	Print Name <u>MARCUS MATTHEWS</u> License #: <u>EC 13005459</u>	Signature <u>[Signature]</u> Phone #: <u>386 344. 2029</u>
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	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.