MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

	k <u></u>	CONTRACTOR	Max.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHONE
	THIS FORM	MUST BE SUBMITTED PRIOR T	O THE ISSUANCE OF A PE	RMIT
ecords of the si Ordinance 89-6,	bcontractors who actu a contractor shall requ	er all trades doing work at ally did the trade specific ire all subcontractors to p nd a valid Certificate of Co	work under the perminovide evidence of w	t is <u>REQUIRED</u> that we have it. Per Florida Statute 440 and orkers' compensation or Columbia County.
		r is responsible for the cor any work. Violations will i		bmitted to this office prior to the ders and/or fines.
	Colena	alle I I and a	_M 0.	1111 14 1
ELECTRICAL	Print Name Gknn License #: SCI301 Company Name: Whi	02957	Signature Subsection Signature Subsection Su	18446010
ELECTRICAL MECHANICAL	License #: <u>SCI30</u> 1 Company Name: <u>W</u>	02957	Phone #: 38 Le	18446010

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER	CONTRACTOR	PHONE
	THIS FORM	MUST BE SUBMITTED PRIOR TO THE IS	SSUANCE OF A PERMIT
records of the s	ubcontractors who actu	ally did the trade specific work using all subcontractors to provide	ermitted site. It is <u>REQUIRED</u> that we have nder the permit. Per Florida Statute 440 and evidence of workers' compensation or ency license in Columbia County.
Any changes, t start of that su	he permitted contractor bcontractar beginning (is responsible for the corrected any work. Violations will result i	form being submitted to this office prior to the n stop work orders and/or fines.
ELECTRICAL	Print Name	Sig	nature
	License #:	:	lifier Form Attached
MECHANICAL/	Print Name Mich	ael Boland si	mature Middle 8 de Q
A/C	License #: CACIB	17716 P	none #: 352 274.4326
	Company Name: ACE	: Alc of Ocala	Qualifier Form Attached
		:	
	m # # #	: Singular of minimum as assuring a	solicyEvery employer shall as a condition to

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