Slab Only

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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1209-27 CONTRACTOR All Seasons Planning Inc PHONE (386) 755-3005

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 X24	Print Name LYN ROUNTREE License #: EC13001835	Signature [signature] Phone #: 867-1004
MECHANICAL / A/C ___	Print Name ___ License #:	Signature ___ Phone #:
PLUMBING/ GAS 524	Print Name KEN ROCHE PLUMBING License #: CFC1426527	Signature [signature] Phone #: 623-0263
ROOFING	Print Name ___ License #:	Signature ___ Phone #:
SHEET METAL	Print Name ___ License #:	Signature ___ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name ___ License#:	Signature ___ Phone #:
SOLAR NA	Print Name ___ License #:	Signature ___ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON 769	CGC1517099	All Seasons Planning	[signature]
CONCRETE FINISHER	000048	Lofstrom Builders	[signature]
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR	CGC1516165	Sinor Construction, LLC	[signature]

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 65

APPLICATION NUMBER 1210-27 CONTRACTOR All Seasons Planning Inc. PHONE (386) 755-3605

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.

* NG **ELECTRICAL** 724	Print Name LYN RAINBOLT License #: EC13001835	Signature Phone #: 867-1004
* **MECHANICAL/ A/C** ____	Print Name License #:	Signature Phone #:
* **PLUMBING/ GAS** 524	Print Name KEN ROCHE PLUMBING License #: CFC 1426527	Signature Phone #: 623-0263
✓ **ROOFING** 769	Print Name JIM ZERBER License #: CGC 1517099	Signature Phone #: 867-1970
NG **SHEET METAL**	Print Name License #:	Signature Phone #:
* **FIRE SYSTEM/ SPRINKLER**	Print Name WW GAY FIRE PROTECTION License#: 7669370001/990 - FIRE SPRINKLER EF 0001223 - FIRE ALARM	Signature Phone #: (352) 380-0317
SOLAR (NA)	Print Name License #:	Signature Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
✓ MASON 769	CGC1517099	All Seasons Planning	
✓ CONCRETE FINISHER	0000418	Lofstrom Builders	
✓ FRAMING 769	CGC1517099	All Seasons Planning	* SEE BELOW
G* INSULATION		[illegible]	
* STUCCO	NA		
* DRYWALL		HEITZMAN DRYWALL	
* PLASTER			
* CABINET INSTALLER		DR NICKELSON CO.	
* PAINTING		IH. CUSTOM FINISHES.	
* ACOUSTICAL CEILING			
* GLASS			
* CERAMIC TILE			
* FLOOR COVERING			
ALUM/VINYL SIDING	NA.		
GARAGE DOOR	NA		
✓ METAL BLDG ERECTOR 524	CGC 1516165	SINOVE CONSTRUCTION, LLC	

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.

1209-27 SUBCONTRACTOR VERIFICATION FORM 65

APPLICATION NUMBER _____ CONTRACTOR Jim Zuber PHONE 755-3608

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ELECTRICAL 724	Print Name LYNDON RAINBOLT Signature _____ License #: EC13001835 Phone #: 867-1004
MECHANICAL/ A/C _____	Print Name _____ Signature _____ License #: Phone #:
PLUMBING/ GAS	Print Name _____ Signature _____ License #: Phone #:
ROOFING	Print Name _____ Signature _____ License #: Phone #:
SHEET METAL	Print Name _____ Signature _____ License #: Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License#: Phone #:
SOLAR	Print Name _____ Signature _____ License #: Phone #:

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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1210-27 CONTRACTOR WWBay Fire Protection PHONE 352-380-0317

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_____ License #:	Signature_____ Phone #:
ROOFING	Print Name_____ License #:	Signature_____ Phone #:
SHEET METAL	Print Name_____ License #:	Signature_____ Phone #:
FIRE SYSTEM/ SPRINKLER 45	Print Name Richard Bloom License#: 4217880001200 1	Signature Richard Bloom Phone #: 352-380-0317
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			

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