Slab Only

_		9.1
SUBCONTRACTOR	VERIFICATION	FORM

APPLICATION NUMBER _	1209-52	CONTRACTOR	Jim Zuben	PHONE	
	THIS FORM MUST BE	SUBMITTED PRICE	OR 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 724	Print Name Lynnan RAINBOLT License #: ES13001835	Signature
MECHANICAL/ A/C	Print NameLicense #:	SignaturePhone #:
PLUMBING/ GAS	Print NameLicense #:	SignaturePhone #:
ROOFING	Print NameLicense #:	SignaturePhone #:
SHEET METAL	Print NameLicense #:	SignaturePhone #:
FIRE SYSTEM/ SPRINKLER	Print NameLicense#:	SignaturePhone #:
SOLAR	Print Name License #:	Signature



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** Phone #: MECHANICAI / . Name Signature A/C .icense #: Phone #: PLUMB'NG, LUNG Signature Print Name Phone #: ROOFING Print Name Signature License #: Phone #: SHEET METAL Print Name Signature License #: Phone #: FIRE SYSTEM/ **Print Name** Signature SPRINKLER License#: Phone #: SOLAR **Print Name** Signature License #: Phone #: Specialty License License Number Sub-Contractors Printed Name Sub-Contractors Signature MASON CQC1517099 ALL TEXANDS PLANDING CONCRETE FINISHER FRAMING INSULATION **STUCCO** DRYWALL PLASTER CABINET INSTALLER PAINTING ACOUSTICAL CEILING GLASS

COC 15/16/69 SINDE CONSENTION, UC 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.

**CERAMIC TILE FLOOR COVERING** ALUM/VINYL SIDING

**GARAGE DOOR** 

**METAL BLDG ERECTOR** 

Contractor Forms: Subcontractor form: 6/09