

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1403-20 CONTRACTOR S.L.K Const. PHONE 365-3646

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 37	Print Name <u>Holly Elect</u> License #: <u>EC13005429 Holly Elect. Inc</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-5544</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C 324	Print Name <u>Harrys Heating & Air</u> License #: <u>RA0030316</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-2308</u>
<input checked="" type="checkbox"/> PLUMBING/GAS 715	Print Name <u>Barrs Plumbing</u> License #: <u>CB01427145</u>	Signature <u>[Signature]</u> Phone #: <u>386-6237</u>
<input checked="" type="checkbox"/> ROOFING 534	Print Name <u>Sumerlin Roofing</u> License #: <u>CCC1326192</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-5426</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
MASON			
CONCRETE FINISHER			
<input checked="" type="checkbox"/> FRAMING 548	<u>CBC050690</u>	<u>SLK Const Inc.</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	<u>000240</u>	<u>Enkor Insulation</u>	<u>[Signature]</u>
STUCCO			
<input checked="" type="checkbox"/> DRYWALL 548	<u>CBC050690</u>	<u>SLK Const Inc</u>	<u>[Signature]</u>
PLASTER			
<input checked="" type="checkbox"/> CABINET INSTALLERS 548	<u>CBC050690</u>	<u>SLK Const Inc</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING 548	<u>CBC050690</u>	<u>SLK Const</u>	<u>[Signature]</u>
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
<input checked="" type="checkbox"/> ALUM/VINYL SIDING 548	<u>CBC050690</u>	<u>SLK Const Inc.</u>	<u>[Signature]</u>
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.