

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1202-19 CONTRACTOR Raymond Feder PHONE 755-2848 65  
 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 _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>MECHANICAL/<br/>A/C</b>        | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>PLUMBING/<br/>GAS</b>          | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>ROOFING</b>                    | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>SHEET METAL</b>                | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>SOLAR</b>                      | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |

| Specialty License   | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|---------------------|----------------|------------------------------|---------------------------|
| MASON               |                |                              |                           |
| ✓ CONCRETE FINISHER | 000028         | Butch Vaughn                 | Butch V                   |
| 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.

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

120219

CONTRACTOR

Raymond P. 00191

PHONE

755 2645

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| ELECTRICAL                | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| MECHANICAL/<br>A/C        | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| PLUMBING/<br>GAS          | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| ROOFING                   | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| SHEET METAL               | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| FIRE SYSTEM/<br>SPRINKLER | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| SOLAR                     | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |

| Specialty License  | License Number | Subcontractor Name | Subcontractor Signature |
|--------------------|----------------|--------------------|-------------------------|
| MASON              |                |                    |                         |
| CONCRETE FINISHER  | 856            | Jeff Nylander      | 3/14/99                 |
| 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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Continued Form: Subcontractor Form 12-99



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1202-19

CONTRACTOR Raymond Peden

PHONE 755 2848

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|---------------------------|--------------------------------------|-----------------------------------|
| ELECTRICAL                | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| MECHANICAL/<br>A/C _____  | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| PLUMBING/<br>GAS          | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| ROOFING                   | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| SHEET METAL               | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| FIRE SYSTEM/<br>SPRINKLER | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| SOLAR                     | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |

|                    |      |               |               |
|--------------------|------|---------------|---------------|
| MASON              |      |               |               |
| CONCRETE FINISHER  |      |               |               |
| FRAMING            |      |               |               |
| INSULATION         |      |               |               |
| STUCCO             |      |               |               |
| ✓ DRYWALL          |      |               |               |
| ✓ PLASTER 1138     | 1138 | James Ladgett | * James Peden |
| CABINET INSTALLER  |      |               |               |
| PAINTING           |      |               |               |
| ACOUSTICAL CEILING |      |               |               |
| GLASS              |      |               |               |
| CERAMIC TILE       |      |               |               |
| FLOOR COVERING     |      |               |               |
| ALUM/VINYL SIDING  |      |               |               |
| GARAGE DOOR        |      |               |               |
| METAL BLDG ERECTOR |      |               |               |

F. S. 440.109 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.

Columbia County Permit Subcontractor Form Q-100



65

03/19/10 01:29p

Raymond Peeler

386-755-5577

p.2

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1202-19

CONTRACTOR

Raymond Peeler

PHONE

755-2848

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|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ELECTRICAL<br>31A | Print Name: <u>Craig Holder</u><br>License #: <u>ER 0014642</u> | Signature: <u>[Signature]</u><br>Phone #: <u>397 3810</u> |
| <input type="checkbox"/> MECHANICAL/<br>P/C           | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |
| <input type="checkbox"/> PLUMBING/<br>BAS             | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |
| <input type="checkbox"/> ROOFING                      | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |
| <input type="checkbox"/> SHEET METAL                  | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |
| <input type="checkbox"/> FIRE SYSTEM/<br>SPRINKLER    | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |
| <input type="checkbox"/> GLAZIAR                      | Print Name: _____<br>License #: _____                           | Signature: _____<br>Phone #: _____                        |

| Specialty License  | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON              |                |                              |                           |
| CONCRETE FINISHER  |                |                              |                           |
| FRAMING            |                |                              |                           |
| INSULATION         |                |                              |                           |
| PLASTER            |                |                              |                           |
| PAINTING           |                |                              |                           |
| ACUSTICAL CEILING  |                |                              |                           |
| GLASS              |                |                              |                           |
| CERAMIC TILE       |                |                              |                           |
| FLOOR COVERING     |                |                              |                           |
| ALUM/VINYL SIDING  |                |                              |                           |
| GARAGE DOOR        |                |                              |                           |
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