

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1207-15

CONTRACTOR

Sammy Keen

PHONE

365-3646

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

386-752-7003

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 37 | Print Name: <u>Holley Electrical</u> License #: _____ Signature: <u>[Signature]</u> Phone #: <u>386-755-5944</u> |
| MECHANICAL/A/C 327 | Print Name: <u>Harrys Heating & Air</u> License #: <u>See attached page</u> Signature: _____ Phone #: <u>752-2308</u> |
| PLUMBING/GAS | Print Name: _____ License #: _____ Signature: _____ Phone #: _____ |
| ROOFING 548 | Print Name: <u>SLK Const.</u> License #: <u>CBC 050680</u> Signature: <u>[Signature]</u> Phone #: <u>386.365.3646</u> |
| SHEET METAL | Print Name: _____ License #: _____ Signature: _____ Phone #: _____ |
| FIRE SYSTEM/SPRINKLER | Print Name: _____ License #: _____ Signature: _____ Phone #: _____ |
| SOLAR | Print Name: _____ License #: _____ Signature: _____ Phone #: _____ |

Need
Crabtree
& W/C
Certificate

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-----------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING 548 | CBC-050690 | SLK Const. | [Signature] |
| INSULATION 548 | CBC 050690 | SLK Const. | [Signature] |
| STUCCO | | | |
| DRYWALL 548 | CBC 050690 | SLK Const | [Signature] |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING 548 | CBC 050690 | SLK Const | [Signature] |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING 548 | CBC 050690 | SLK Const. | [Signature] |
| ALUM/VINYL SIDING 548 | CBC 050690 | SLK Const | [Signature] |
| 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.

Contractor Forms: Subcontractor form: 6/09

B's 2 Fax #: 758-2160

CONFIDENTIALITY VERIFICATION FORM

~~APPROPRIATE COMMENTS~~

CONSTRUCTION

PHONE

THIS FORMING IS SUBJECT TO THE ISSUANCE OF A PERMIT

386-752-7003

In Columbia County, one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of all subcontractors who actually do the trade specific work under the permit. Per Florida Statute 440 and Ordinance 10-10, 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 contractor who provides false or misleading information on this corrected form being submitted to this office prior to the start of work is in violation of the law. Violations will result in stop work orders and/or fines.

| | | | |
|----------------|---|-------------------------------|------------------------------|
| ELECTRICIAN | Print Name: <u>Holley Electrical</u> | Signature: <u>[Signature]</u> | Phone #: <u>386-755-5944</u> |
| MECHANIC | Print Name: <u>Harrys Heating & Air</u> | Signature: <u>[Signature]</u> | Phone #: <u>752-2308</u> |
| PAINTING | Print Name: <u>[Signature]</u> | Signature: <u>[Signature]</u> | Phone #: <u>[Signature]</u> |
| ROOFING | Print Name: <u>SKK Const.</u> | Signature: <u>[Signature]</u> | Phone #: <u>[Signature]</u> |
| SEWER/PLUMB | Print Name: <u>[Signature]</u> | Signature: <u>[Signature]</u> | Phone #: <u>[Signature]</u> |
| WIRE/TELEPHONE | Print Name: <u>[Signature]</u> | Signature: <u>[Signature]</u> | Phone #: <u>[Signature]</u> |
| OTHER | Print Name: <u>[Signature]</u> | Signature: <u>[Signature]</u> | Phone #: <u>[Signature]</u> |

| S&B Form 10-1 (Rev. 5-1-64) | | S&B Form 10-1 (Rev. 5-1-64) | |
|-----------------------------|--------|-----------------------------|-----------|
| MAINTENANCE | | | |
| CONSTRUCTION | | | |
| FINISHES | SEE-01 | SLK Const. | See L. L. |
| INTERIORS | SEE-02 | SLK Const. | See L. L. |
| STRUCTURE | | | |
| DRINKING | SEE-03 | SLK Const. | See L. L. |
| PLASTER | | | |
| CHEMICALS | | | |
| PAINTS | SEE-04 | SLK Const. | See L. L. |
| ACCIDENTS & CLAIMS | | | |
| GLASS | | | |
| CERAMICS | | | |
| FLOOR COVERINGS | SEE-05 | SLK Const. | See L. L. |
| ALUMINUM | SEE-06 | SLK Const. | See L. L. |
| GASOLINE | | | |
| METAL | | | |

F. 3. Obtaining building permits (Department of minimum premium policy).—Every employer shall, as a condition to applying for or obtaining 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.

Contractive Frame SUBCONTRACTOR form 6/94

812A₂# 758-2160