Billy + Sue Fisher 3884 SW WATJON ST. Ft. White

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CATION NUM	BER 47179 CONTRACTOR PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
nance 89-6	unty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and a contractor shall require all subcontractors to provide evidence of workers' compensation or a leral liability insurance and a valid Certificate of Competency license in Columbia County.
	he permitted contractor is responsible for the corrected form being submitted to this office prior to the bcontractor beginning any work. Violations will result in stop work orders and/or fines.
TRICAL	Print Name Kenny Moore Steethic Lisignature Mollow Gor Konz Music License #: 5R 0000691 Phone #: 386 752 6565 Qualifier Form Attached
:HANICAL/	Print Name Signature License #: Phone #: Qualifier Form Attached

440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to ying for and receiving a building permit, show proof and certify to the permit issuer that it has secured pensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each the employer applies for a building permit.