## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACTOR		PHONE
	*		:	PHONE
		3.	!	.*
THIS FOR		M MUST BE SUBMITTED PRIOR T	O THE ISSUANCE OF	A PERMIT
			!	
			321	
In Columbia County one permit will co		ver all trades doing work as	. a.b	
In Columbia County one permit will co records of the subcontractors who act		ver an trades doing work at	the permitted s	ite. It is <u>REQUIRED</u> that we have
Ordinance 89-6, a contractor shall requested		lire all subcontractors to pr	work under the p	permit. Per Florida Statute 440 and
exemption, general liability insurance a		and a valid Certificate of Co	mnetency licens	on Workers' compensation or
	1	and a same doramedte by co	impetericy licells	Columbia County.
			3	i
Any changes, the permitted contracto		r is responsible for the some		J
Any changes, the permitted contractor start of that subcontractor beginning		any work Violations will m	ectea jorm bein	submitted to this office prior to the
		VIDIGLIONS WIN TE	suit in stop wor	Korders and/or fines.
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ELECTRICAL	Print Name	Electric Harold	Signature	Guna & Supp
	License #: EC 130	04007 SAP	Phone # 281	-590-6517
			Filone #	10 10 36 7
	c	ualifier Form Attached		
	180			
MECHANICAL/	Print Name	Factor, Inch	JILD	
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A/C	License #:		Phone #:	
	to			
E .		Qualifier Form Attached		
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	-	*		
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.				
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Revised 4/27/2017