

PHONE

## SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR \_\_\_

APPLICATION NUMBER

				O THE ISSUANCE O	ATEMMI	
Ordinance 89-6	subcontrac 5, a contra	ctors who actually o ctor shall require all	lid the trade specific I subcontractors to p	work under the rovide evidence	site. It is <u>REQUIRED</u> that we have permit. Per Florida Statute 440 and of workers' compensation or se in Columbia County.	
Any changes, t start of that su	he permiti bcontract	ted contractor is re or beginning any w	sponsible for the cor ork. Violations will r	rected form bei esult in stop wo	ng submitted to this office prior to the ork orders and/or fines.	
ELECTRICAL	Print Name			Signature Phone #:		
MECHANICAL/ A/C	Print NameLicense #:			Signature Phone #:		
PLUMBING/ GAS	Print NameLicense #:			Signature Phone #:		
ROOFING	Print Name Ispac Wickelson License #:			Signature Phone #: 386 965 - 0985		
SHEET METAL	Print Name			Signature Phone #:		
FIRE SYSTEM/ SPRINKLER	Print NameLicense#:		7	SignaturePhone #:		
SOLAR	Print NameLicense #:		1	SignaturePhone #:		
Specialty License License Number Sub-Contractors Printed Name Sub-Contractors Signature						
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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.

Contractor Forms: Subcontractor form: 6/09