

1-800-4-A-Home-Place

in California. County staff spent over 40 hours doing work in the period after it is **REQUIRED** that we have reports of the subcontractors who actually did the work specific work under the permit. PL Permits #1996-450 and 0049848-0-4, a contractor that result in unacceptable to provide evidence of various components of permitting, several other violations and a valid Certificate of Compliance issued in California County.

any contracts, the initial contract is a template for the completed form being submitted to the office of the president of the institution. This template, and credit to the bank, is not a part of the institution's records.

[illegible]

P. J. VAN DER BEEKING presented a description of midstream primary prevention activities and emphasized that it is essential to strengthen the first and second levels of health care and to bring the health care system closer to the people. The second level of health care is the health center, which can be strengthened by training health workers, strengthening the health services, and strengthening the health infrastructure. The health center can be strengthened by training health workers, strengthening the health services, and strengthening the health infrastructure. The health center can be strengthened by training health workers, strengthening the health services, and strengthening the health infrastructure.

AMERICAN NUMBER

1209-55

CONTRACTOR'S HOME PHONE 804-713-2045

CONTRACTOR VERIFICATION FORM

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. For Bonds State 440 and Ordinance 88-6, 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          | Permit Name | Donald Pennington        | Signature | <i>[Signature]</i> | Phone # | 850 405 1191 |
| MECHANICAL          | License #   | EQ12004482               | Signature | <i>[Signature]</i> | Phone # | 321 202 7819 |
| MECHANICAL          | Permit Name | ALR HEV                  | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| PLUMBING            | License #   | CAC 1815 7416            | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| PLUMBING            | Permit Name | BURCHARD BATE BAPTIST    | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| ROOFING             | License #   | OPC 1424859              | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| ROOFING             | Permit Name | DOMESTIC DESIGNS ROOFING | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| SMALL METAL         | License #   | OPC 1325504              | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| SMALL METAL         | Permit Name | OPC 1325504              | Signature | <i>[Signature]</i> | Phone # | 804 713 1438 |
| FIRE SYSTEM         | Permit Name |                          | Signature |                    | Phone # |              |
| SPRINKLER           | License #   |                          | Signature |                    | Phone # |              |
| GLASS               | Permit Name |                          | Signature |                    | Phone # |              |
| GLASS               | License #   |                          | Signature |                    | Phone # |              |
| MASSON              | Permit Name |                          | Signature |                    | Phone # |              |
| MASSON              | License #   |                          | Signature |                    | Phone # |              |
| CONCRETE FINISHER   | Permit Name |                          | Signature |                    | Phone # |              |
| FRAMING             | License #   |                          | Signature |                    | Phone # |              |
| INSULATION          | Permit Name |                          | Signature |                    | Phone # |              |
| STUCCO              | License #   |                          | Signature |                    | Phone # |              |
| DRYWALL             | Permit Name |                          | Signature |                    | Phone # |              |
| PLASTER             | License #   |                          | Signature |                    | Phone # |              |
| CABINET INSTALLER   | Permit Name |                          | Signature |                    | Phone # |              |
| PAINTING            | License #   |                          | Signature |                    | Phone # |              |
| ACOUSTICAL CEILING  | Permit Name |                          | Signature |                    | Phone # |              |
| GLASS               | License #   |                          | Signature |                    | Phone # |              |
| CERAMIC TILE        | Permit Name |                          | Signature |                    | Phone # |              |
| FLOOR COVERING      | License #   |                          | Signature |                    | Phone # |              |
| ALUM/VINYL SIDING   | Permit Name |                          | Signature |                    | Phone # |              |
| GARAGE DOOR         | License #   |                          | Signature |                    | Phone # |              |
| METAL BUILD ERECTOR | Permit Name |                          | Signature |                    | Phone # |              |

Permit Number 10-6-12  
Lic # 000571203

F. 5. 440.108. 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 440.28, and shall be presented each time the employer applies for a building permit.

Contractor Permit Application Form 1/01

Spoke to Debbie on 10-3-12

10-4-12

Vernon Smith III  
SZilard SZabo  
Michael Porter  
see attached sheet  
Carlton Boyd



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                | Print Name: <u>Costal Electrical</u>        | Signature: <u>[Signature]</u> | Phone #: <u>386 405 1191</u> |
| MECHANICAL                | Print Name: <u>AKC Flex</u>                 | Signature: _____              | Phone #: <u>321 262 7819</u> |
| PLUMBING/                 | Print Name: <u>Superior State Plumbing</u>  | Signature: <u>[Signature]</u> | Phone #: <u>904 262 1066</u> |
| GAS <u>1340</u>           | License #: <u>090.142.6859</u>              | Signature: _____              | Phone #: <u>904 753 1438</u> |
| ROOFING                   | Print Name: <u>Domestic Designs Roofing</u> | Signature: _____              | Phone #: _____               |
| SHEET METAL               | Print Name: _____                           | Signature: _____              | Phone #: _____               |
| FIRE SYSTEM/<br>SPRINKLER | Print Name: _____                           | Signature: _____              | Phone #: _____               |
| SOLAR                     | Print Name: _____                           | Signature: _____              | Phone #: _____               |
| Specialty License         | License Number                              | Sub-Contractors Printed Name  | Sub-Contractors Signature    |
| MASON                     |                                             |                               |                              |
| CONCRETE FINISHER         |                                             |                               |                              |
| 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.

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                | Print Name _____                       | Signature _____              | Phone #: _____               |
| MECHANICAL/<br>A/C 1358   | Print Name <u>Bill E. Saushtey Jr.</u> | Signature <u>[Signature]</u> | Phone #: <u>615.244.1200</u> |
| PLUMBING/<br>GAS          | Print Name _____                       | Signature _____              | Phone #: _____               |
| ROOFING                   | Print Name _____                       | Signature _____              | Phone #: _____               |
| SHEET METAL               | Print Name _____                       | Signature _____              | Phone #: _____               |
| FIRE SYSTEM/<br>SPRINKLER | Print Name _____                       | Signature _____              | Phone #: _____               |
| SOLAR                     | Print Name _____                       | Signature _____              | Phone #: _____               |
| Specialty License         | License Number                         | Sub-Contractors Printed Name | Sub-Contractors Signature    |
| MASON                     |                                        |                              |                              |
| CONCRETE FINISHER         |                                        |                              |                              |
| 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 provide...

Ordinance 0270, a contractor shall require all subcontractors to provide evidence of worker's 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><br>480     | Print Name <u>Richard Turner</u> Signature <u>Richard Turner</u><br>License #: <u>ES/2000280</u> Phone #: <u>229 740-0188</u> |
| <b>MECHANICAL/A/C</b>        | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |
| <b>PLUMBING/GAS</b>          | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |
| <b>ROOFING</b>               | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |
| <b>SHEET METAL</b>           | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |
| <b>FIRE SYSTEM/SPRINKLER</b> | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |
| <b>SOLAR</b>                 | Print Name _____ Signature _____<br>License #: _____ Phone #: _____                                                           |

| Specialty License  | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON              |                |                              |                           |
| CONCRETE FINISHER  |                |                              |                           |
| FRAMING            |                |                              |                           |
| INSULATION         |                |                              |                           |
| STUCCO             |                |                              |                           |
| DRYWALL            |                |                              |                           |
| PLASTER            |                |                              |                           |
| CABINET INSTALLER  |                |                              |                           |
| PAINTING           |                |                              |                           |
| ACOUSTICAL CEILING |                |                              |                           |
| GLASS              |                |                              |                           |
| CERAMIC TILE       |                |                              |                           |
| FLOOR COVERING     |                |                              |                           |
| ALUM/VINYL SIDING  |                |                              |                           |
| GARAGE DOOR        |                |                              |                           |
| METAL BLDG ERECTOR |                |                              |                           |