MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | | CONTRACTOR | PHONE |
|------------------------------------|--|---|---|
| | THIS FORM MUST BE | SUBMITTED PRIOR T | O THE ISSUANCE OF A PERMIT |
| records of the s | ubcontractors who actually did to | he dade specific beantractors to 0 | the permitted site. It is <u>REQUIRED</u> that we have work under the permit. Per Florida Statute 440 and rovide evidence of workers' compensation or empetency license in Columbia County. |
| Any changes, t start of that su | he permitted contractor is respo bcontractor beginning any work | onsible for the cor k. Violations will | rected form being submitted to this office prior to the result in stop work orders and/or fines. |
| ELECTRICAL | Print Name 11 da e 1 1 license #: 201300231 | | Signature Phone #: |
| | Company Name: Madiss | Sovice | Qualifier Form Attached |
| MECHANICAL/ | Print Name Michael License #: CACIBITTIL Company Name: ACE AC | Boland | Signature M. L. S.L.Q. Phone #: 352 214-9326 Qualifier Form Attached |
| L | | | ** |

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.