

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1404-15 CONTRACTOR Terry L. Threlk PHONE (386) 623-0115

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. 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>DAVID Nickerson</u>	Signature <u>[Signature]</u>
	License #: <u>owner</u>	Phone #: <u>386-984-9700</u>
✓ MECHANICAL/ A/C	Print Name <u>DAVID Nickerson</u>	Signature <u>[Signature]</u>
	License #: <u>owner</u>	Phone #: <u>386-984-9700</u>
✓ PLUMBING/ GAS	Print Name <u>Terry L. Threlk</u>	Signature <u>[Signature]</u>
	License #: <u>IL-1025139</u>	Phone #: <u>(386) 623-0115</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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 Form; Subcontractor Form: 1/15

759.8016

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1404-15 CONTRACTOR TERRY L. THRIFT PHONE (886) 623-0115

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ELECTRICAL	Print Name _____ License # _____	Signature _____ Phone # _____
MECHANICAL/ A/C	Print Name _____ License # _____	Signature _____ Phone # _____
✓ PLUMBING/ GAS	Print Name <u>Terry L Thrift</u> License # <u>IT - 1525139</u>	Signature <u>[Signature]</u> Phone # <u>(886) 623-0115</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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