

## SUBCONTRACTOR VERIFICATION FORM

LOCATION NUMBER 1304-10CONTRACTOR JAMES R. ZUBER PHONE (352) 755-3606

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.

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ELECTRICAL<br>476         | Print Name <u>LYN ROXBOLT</u><br>License # <u>EC 13001835</u>   | Signature <u>[Signature]</u><br>Phone # <u>867-1004</u>       |
| <input checked="" type="checkbox"/> MECHANICAL/<br>A/C        | Print Name <u>W.W. GAY MECHANICAL</u><br>License #  | Signature <u>[Signature]</u><br>Phone # <u>(352) 264-2600</u> |
| <input checked="" type="checkbox"/> PLUMBING/<br>GAS 524      | Print Name <u>KEN ROCHE PLUMBING</u><br>License # <u>CFE 1426527</u>  | Signature <u>[Signature]</u><br>Phone # <u>623-0263</u>       |
| <input checked="" type="checkbox"/> ROOFING<br>769            | Print Name <u>JIM ZUBER</u><br>License # <u>CGC 1517099</u>   | Signature <u>[Signature]</u><br>Phone # <u>1867-4970</u>      |
| <input checked="" type="checkbox"/> SHEET METAL               | Print Name<br>License #   | Signature<br>Phone #  |
| <input checked="" type="checkbox"/> FIRE SYSTEM/<br>SPRINKLER | Print Name <u>W.W. GAY FIRE PROTECTION</u><br>License # <u>769 95700011990 - FIRE SPRINKLER</u><br><u>FF 0001223 - FIRE ALARM</u> | Signature <u>[Signature]</u><br>Phone # <u>(352) 380-0317</u> |
| <input checked="" type="checkbox"/> SOLAR<br>NA               | Print Name<br>License #   | Signature<br>Phone #  |

|  |                     |                               |                    |
|--|---------------------|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> MASON              | <u>CGC 1517099</u>  | <u>ALL SEASONS PLANNING</u>   | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> CONCRETE FINISHER  | <u>000048</u>       | <u>LOFTSTROM BUILDERS</u>     | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> FRAMING            | <u>CGC 1517099</u>  | <u>JIM ZUBER</u>              | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> INSULATION         |                     |                               |                    |
| <input checked="" type="checkbox"/> STUCCO             | <u>NA</u>           | <u>JEFF RUSZICKA</u>          | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> PLASTER            |                     |                               |                    |
| <input checked="" type="checkbox"/> CABINET INSTALLER  | <u>339</u>          | <u>DR NICKELSON</u>           | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> PAINTING           | <u>000219</u>       | <u>BILL HART</u>              | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> ACOUSTICAL CEILING |                     |                               |                    |
| <input checked="" type="checkbox"/> GLASS              |                     |                               |                    |
| <input checked="" type="checkbox"/> CERAMIC TILE       |                     |                               |                    |
| <input checked="" type="checkbox"/> FLOOR COVERING     |                     |                               |                    |
| <input checked="" type="checkbox"/> ALUM/VINYL SIDING  | <u>NA</u>           |                               |                    |
| <input checked="" type="checkbox"/> GARAGE DOOR        | <u>NA</u>           |                               |                    |
| <input checked="" type="checkbox"/> METAL BLDG ERECTOR | <u>CGC 15170165</u> | <u>SINCE CORPORATION, INC</u> | <u>[Signature]</u> |

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.

SUBCONTRACTOR VERIFICATION FORM

LOCATION NUMBER 1304-10 CONTRACTOR LOUIS R. ZUBER PHONE (352) 755-3402  
THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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>LYN RAINBOLT</u>            | Signature _____              | Phone #: <u>867-1004</u>       |
| MECHANICAL/ A/C        | Print Name <u>WIN GAY MECHANICAL</u>      | Signature _____              | Phone #: <u>(352) 264-2600</u> |
| PLUMBING/ GAS          | Print Name <u>KEN ROCHE PLUMBING</u>      | Signature _____              | Phone #: <u>623-0263</u>       |
| ROOFING <u>769</u>     | Print Name <u>JIM ZUBER</u>               | Signature <u>[Signature]</u> | Phone #: <u>867-4970</u>       |
| SHEET METAL            | Print Name _____                          | Signature _____              | Phone #: _____                 |
| FIRE SYSTEM/ SPRINKLER | Print Name <u>WIN GAY FIRE PROTECTION</u> | Signature _____              | Phone #: <u>(352) 380-0317</u> |
| SOLAR <u>NA</u>        | Print Name _____                          | Signature _____              | Phone #: _____                 |

|                    |                    |                                 |                     |
|--------------------|--------------------|---------------------------------|---------------------|
| MASON              | <u>CGC 1517099</u> | <u>ALL SEASONS PLANNING</u>     | <u>[Signature]</u>  |
| CONCRETE FINISHER  | <u>000048</u>      | <u>LOFTMAN BUILDERS</u>         | <u>[Signature]</u>  |
| FRAMING            | <u>CGC 1517099</u> | <u>JIM ZUBER</u>                | <u>[Signature]</u>  |
| INSULATION         |                    | <u>[Signature]</u>              |                     |
| STUCCO             | <u>NA</u>          |                                 |                     |
| DRYWALL            | <u>000838</u>      | <u>JERRY RUZICKA</u>            | <u>SEE ATTACHED</u> |
| PLASTER            |                    |                                 |                     |
| CABINET INSTALLER  |                    | <u>DR NICKELSON</u>             |                     |
| PAINTING           | <u>219</u>         | <u>BILL HART</u>                | <u>SEE ATTACHED</u> |
| ACOUSTICAL CEILING |                    |                                 |                     |
| GLASS              |                    |                                 |                     |
| CERAMIC TILE       |                    |                                 |                     |
| FLOOR COVERING     |                    |                                 |                     |
| ALUM/VINYL SIDING  | <u>NA</u>          |                                 |                     |
| GARAGE DOOR        | <u>NA</u>          |                                 |                     |
| METAL BLDG ERECTOR | <u>CGC 1517099</u> | <u>SIMONE CONSTRUCTION, LLC</u> | <u>[Signature]</u>  |

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**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1304-10 CONTRACTOR W. B. Fire Protection PHONE 352 380 0317  
**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.***

|                                      |   |  |
|--------------------------------------|---|--|
| <b>ELECTRICAL</b>                    | Print Name _____<br>License #: _____                                | Signature _____<br>Phone #: _____                            |
| <b>MECHANICAL/<br/>A/C _____</b>     | Print Name _____<br>License #: _____                                | Signature _____<br>Phone #: _____                            |
| <b>PLUMBING/<br/>GAS</b>             | Print Name _____<br>License #: _____                                | Signature _____<br>Phone #: _____                            |
| <b>ROOFING</b>                       | Print Name _____<br>License #: _____                                | Signature _____<br>Phone #: _____                            |
| <b>SHEET METAL</b>                   | Print Name _____<br>License #: _____                                | Signature _____<br>Phone #: _____                            |
| <b>FIRE SYSTEM/<br/>SPRINKLER 45</b> | Print Name <u>Richard Bloom</u><br>License #: <u>42178800012001</u> | Signature <u>[Signature]</u><br>Phone #: <u>352-380 0317</u> |
| <b>SOLAR</b>                         | Print Name _____<br>License #: _____                                | Signature _____<br>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.

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-10 CONTRACTOR JIM ZUBER ALL SEASONS PLANNING INC. PHONE (352) 755 3008  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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|                           |  |                              |                                |
|---------------------------|--|------------------------------|--------------------------------|
| ELECTRICAL                | Print Name <u>LYN ROXBOLT</u>            | Signature _____              | Phone #: <u>867-1004</u>       |
| MECHANICAL/<br>A/C        | Print Name <u>WW GAY MECHANICAL</u>      | Signature _____              | Phone #: <u>(352) 264-2600</u> |
| PLUMBING/<br>GAS          | Print Name <u>KEN ROCHE PLUMBING</u>     | Signature _____              | Phone #: <u>623-0263</u>       |
| ROOFING<br>769            | Print Name <u>JIM ZUBER</u>              | Signature <u>[Signature]</u> | Phone #: <u>867-4970</u>       |
| SHEET METAL               | Print Name _____                         | Signature _____              | Phone #: _____                 |
| FIRE SYSTEM/<br>SPRINKLER | Print Name <u>WW GAY FIRE PROTECTION</u> | Signature _____              | Phone #: <u>(352) 380-0317</u> |
| SOLAR<br>(NA)             | Print Name _____                         | Signature _____              | Phone #: _____                 |

| Specialty License        | License Number     | Sub-Contractors Printed Name    | Sub-Contractors Signature   |
|--------------------------|--------------------|---------------------------------|-----------------------------|
| ✓ MASON                  | 769 CGC 1517099    | <u>ALL SEASONS PLANNING</u>     | <u>[Signature]</u>          |
| ✓ CONCRETE FINISHER      | 000048             | <u>LOFTSTROM BUILDERS</u>       | <u>[Signature]</u>          |
| ✓ FRAMING                | 769 CGC 1517099    | <u>ALL SEASONS PLANNING</u>     | <u>[Signature]</u>          |
| INSULATION               |                    | <u>NA</u>                       |                             |
| STUCCO                   | <u>NA</u>          |                                 |                             |
| DRYWALL                  |                    | <u>HEITZMAN DRYWALL</u>         |                             |
| PLASTER                  |                    |                                 |                             |
| CABINET INSTALLER        | 339                | <u>DR NICKELSON CO.</u>         |                             |
| PAINTING                 | ? —                | <u>I.H. COBURN FINISHES</u>     | <u>CHANGED to BILL HART</u> |
| ACOUSTICAL CEILING       |                    |                                 |                             |
| GLASS                    |                    |                                 |                             |
| CERAMIC TILE             |                    |                                 |                             |
| FLOOR COVERING           |                    |                                 |                             |
| ALUM/VINYL SIDING        | <u>NA</u>          |                                 |                             |
| GARAGE DOOR              | <u>NA</u>          |                                 |                             |
| 529 ✓ METAL BLDG ERECTOR | <u>CGC 1516165</u> | <u>SINQUE CONSTRUCTION, LLC</u> | <u>[Signature]</u>          |

**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.

## SUBCONTRACTOR VERIFICATION FORM

PERMIT NUMBER 1304-10 CONTRACTOR JAMES R. ZIEGLER PHONE (352) 755-3000  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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|                                |  |                 |                                |
|--------------------------------|--|-----------------|--------------------------------|
| ELECTRICAL                     | Print Name <u>LYN RAINBOLT</u>           | Signature _____ | Phone #: <u>867-1004</u>       |
| MECHANICAL/<br>A/C <u>1382</u> | Print Name <u>WW GAY MECHANICAL</u>      | Signature _____ | Phone #: <u>(352) 264-2600</u> |
| PLUMBING/<br>GAS               | Print Name <u>KEN ROCHE PLUMBING</u>     | Signature _____ | Phone #: <u>623-0263</u>       |
| ROOFING<br><u>769</u>          | Print Name <u>JIM ZIEGLER</u>            | Signature _____ | Phone #: <u>867-4970</u>       |
| SHEET METAL                    | Print Name _____                         | Signature _____ | Phone #: _____                 |
| FIRE SYSTEM/<br>SPRINKLER      | Print Name <u>WW GAY FIRE PROTECTION</u> | Signature _____ | Phone #: <u>(352) 380-0317</u> |
| SOLAR<br><u>NA</u>             | Print Name _____                         | Signature _____ | Phone #: _____                 |

|                    |                     |                                 |                    |
|--------------------|---------------------|---------------------------------|--------------------|
| MASON              | <u>COC 1517099</u>  | <u>ALL SEASONS PLANNING</u>     | <u>Jim Ziegler</u> |
| CONCRETE FINISHER  | <u>000045</u>       | <u>LOFTMAN BUILDERS</u>         | <u>Jim Ziegler</u> |
| FRAMING            | <u>COC 1517099</u>  | <u>ALL SEASONS PLANNING</u>     | <u>Jim Ziegler</u> |
| INSULATION         |                     |                                 |                    |
| STUCCO             | <u>NA</u>           |                                 |                    |
| DRYWALL            |                     | <u>HEITZMAN DAYANAL</u>         |                    |
| PLASTER            |                     |                                 |                    |
| CABINET INSTALLER  |                     | <u>DR. NICKELSON CO.</u>        |                    |
| PAINTING           |                     |                                 |                    |
| ACOUSTICAL CEILING |                     |                                 |                    |
| GLASS              |                     |                                 |                    |
| CERAMIC TILE       |                     |                                 |                    |
| FLOOR COVERING     |                     |                                 |                    |
| ALUM/VINYL SIDING  | <u>NA</u>           |                                 |                    |
| GARAGE DOOR        | <u>NA</u>           |                                 |                    |
| METAL BLDG ERECTOR | <u>COC 15170105</u> | <u>SIMONE CONSTRUCTION, LLC</u> | <u>Jim Ziegler</u> |

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## SUBCONTRACTOR VERIFICATION FORM

PERMIT NUMBER 1304-10 CONTRACTOR JAMES R. ZUBER PHONE (352) 755-8666  
 THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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|                           |   |                                |
|---------------------------|---|--------------------------------|
| ELECTRICAL                | Print Name <u>LYN RAINBOLT</u>  | Signature _____                |
|                           | License #: <u>EC 13001835</u>   | Phone #: <u>867-1004</u>       |
| MECHANICAL/<br>A/C        | Print Name <u>W W GAY MECHANICAL</u>  | Signature _____                |
|                           | License #: _____  | Phone #: <u>(352) 264-2600</u> |
| PLUMBING/<br>GAS          | Print Name <u>KEN ROCHE PLUMBING</u>  | Signature _____                |
|                           | License #: _____  | Phone #: <u>623-9263</u>       |
| ROOFING<br>769            | Print Name <u>JIM ZUBER</u>   | Signature _____                |
|                           | License #: <u>CC 1517099</u>  | Phone #: <u>1867-4970</u>      |
| SHEET METAL               | Print Name _____  | Signature _____                |
|                           | License #: <u>RICHARD BLOOM W/</u>  | Phone #: _____                 |
| FIRE SYSTEM/<br>SPRINKLER | Print Name <u>W W GAY FIRE PROTECTION</u>   | Signature _____                |
|                           | License #: <u>TL 93700011990 - FIRE SPRINKLER</u><br><u>EE 0081233 - FIRE ALARM</u> | Phone #: <u>(352) 380-0317</u> |
| SOLAR<br><u>NA</u>        | Print Name _____  | Signature _____                |
|                           | License #: _____  | Phone #: _____                 |

|                    |                   |                                 |                          |
|--------------------|-------------------|---------------------------------|--------------------------|
| MASON              | <u>CC 1517099</u> | <u>ALL SEASONS PLANNING</u>     | <u>Jim Zuber</u>         |
| CONCRETE FINISHER  | <u>000048</u>     | <u>LOPSTROM BUILDERS</u>        | <u>Bob Lopstrom</u>      |
| FRAMING            | <u>CC 1517099</u> | <u>ALL SEASONS PLANNING</u>     | <u>Jim Zuber</u>         |
| INSULATION         |                   | <u>NA</u>                       |                          |
| STUCCO             | <u>NA</u>         |                                 |                          |
| DRYWALL            |                   | <u>HEITZMAN DAYMAN</u>          |                          |
| PLASTER            |                   |                                 |                          |
| CABINET INSTALLER  | <u>339</u>        | <u>DR NICKELSON CO.</u>         | <u>Dale R. Nickelson</u> |
| PAINTING           |                   |                                 |                          |
| ACOUSTICAL CEILING |                   |                                 |                          |
| GLASS              |                   |                                 |                          |
| CERAMIC TILE       |                   |                                 |                          |
| FLOOR COVERING     |                   |                                 |                          |
| ALUM/VINYL SIDING  | <u>NA</u>         |                                 |                          |
| GARAGE DOOR        | <u>NA</u>         |                                 |                          |
| METAL BLDG ERECTOR | <u>CC 1517099</u> | <u>SIMPLE CONSTRUCTION, LLC</u> | <u>Jim Zuber</u>         |

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