

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER CONTRACTOR Rusty Knowles PHONE 386-397-0886

		THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANC	E OF A PERMIT	
			Kameris		
records of the Ordinance 89- exemption, ge Any changes, t	subcontracto 6, a contracto neral liability the permitted	rs who actually did the trade s r shall require all subcontracto insurance and a valid Certificat	pecific work under the cors to provide eviden to grow the corpetency lice. The corrected form be	eing submitted to this office prior to	
ELECTRICAL	Print Name_	Glenn Whittington	Signature		-
	License #:	EC 13002957 Qualifier Form A	Phone #:	386-972-1700	_
MECHANICAL/	Print Name_	Michael Boland	Signature	Med C	
A/C	License #:	CAC 1817716	Phone #:	352-351-3926	

Qualifier Forms cannot be submitted for any Specialty License.

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

Qualifier Form Attached

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.

Revised 10/30/2015