MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACTOR		PHONE
		THIS FORM MUST	BE SUBMITTED PRIOR TO THE ISSUAN	ICE OF A PERMIT
ordinance 89-	subcontrac 6, a contrac	tors who actually did tor shall require all s	the trade specific work under	ted site. It is <u>REQUIRED</u> that we have the permit. Per Florida Statute 440 and ence of workers' compensation or icense in Columbia County.
Any changes, start of that se	the permitt ubcontracto	ed contractor is resp or beginning any wo	oonsible for the corrected form rk. Violations will result in stop	being submitted to this office prior to the work orders and/or fines.
ELECTRICAL	Print Name		Signature	
	License #:		Phone #:	
MECHANICAL/	Print Name Barry DePrust Signature State Signature State Signature State Signature State Signature State Signature State Signature Signature State Signature State Signature State Signature Signature Signature State Sta			
Qualifier Form	ns cannot l	oe submitted for an	ry Specialty License.	
Specialty Li MASON	cense	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
CONCRETE FINISHER				
applying for an compensation i	d receiving for its empl	a building permit, sh	ow proof and certify to the per pter as provided in ss. 440.10 a	Every employer shall, as a condition to mit issuer that it has secured and 440.38, and shall be presented each

Revised 10/30/2015