

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Robert	Sheppard	PHONE 386-623-2205
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## 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 <u>REQUIRED</u> 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 JOHN BARTHO OW License #: OWNER	Signature 4 of Bouth
MECHANICAL/ A/C	Print Name JOHN BARTHOLOW License #: 6WN CR	Signature & Batholow Phone #:
PLUMBING/ GAS	Print Name Robert Shefferd License #: It 1025386	Signature

License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
		Sub-contractors signature
	License Number	License Number Sub-Contractors Printed Name

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 Forms: Subcontractor form: 1/11