

SUBCONTRACTOR VERIFICATION FORM

605

APPLICATION NUMBER 1208-62 CONTRACTOR Jerry Castagna PHONE 755.6867

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 _____ License #: <u>EJB</u>	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: <u>NO/AC</u>	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING 431	Print Name <u>CASTAGNA, Cons INC</u> License #: <u>CB047842</u>	Signature <u>Jerry Castagna</u> Phone #: <u>386-755-6867</u>
SHEET METAL	Print Name _____ License #: <u>None</u>	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: <u>None</u>	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: <u>None</u>	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER 431	<u>CB047842</u>	<u>CASTAGNA cons</u>	<u>Jerry Castagna</u>
FRAMING	<u>X</u>	<u>X</u>	<u>X</u>
INSULATION	<u>X</u>	<u>X</u>	<u>X</u>
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING 431	<u>CB047842</u>	<u>CASTAGNA cons</u>	<u>Jerry Castagna</u>
ACOUSTICAL CEILING			
GLASS 431	<u>CB047842</u>	<u>X</u>	<u>X</u>
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR 431	<u>X</u>	<u>X</u>	<u>X</u>
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.

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<input checked="" type="checkbox"/> ELECTRICAL 1254	Print Name <u>McKinney Electric Company</u> License #: <u>EC 0002331</u>	Signature <u>W. P. McKinney</u> Phone #: <u>352-478-9417</u>
<input type="checkbox"/> MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

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CONCRETE FINISHER			
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Aug 20 12 09:28a

Melinda

386-755-6867

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Frank Soucinek</u> License #: <u>CFC057747</u>	Signature _____ Phone #: <u>752-5218</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

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Contractor Form: Subcontractor Form 4/09