MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

PLICATION NUMBE	RCONTRACTOR		PHONE
	THIS FORM MUST BE SUBMITTED PRIO	R TO THE ISSUANCE OF A PERMIT	
ecords of the su Ordinance 89-6,	nty one permit will cover all trades doing work abcontractors who actually did the trade speci a contractor shall require all subcontractors to eral liability insurance and a valid Certificate of	fic work under the permit. Per o provide evidence of workers'	Florida Statute 440 and compensation or
	ne permitted contractor is responsible for the obcontractor beginning any work. Violatians w		
ELECTRICAL	Print Name Glann Whitfington License #: SCIBDD2957 Company Name: Whitfington Elutic	Signature XVIII Phone #: 38 Le 1684 Qualifier Form Attached	Whithyll 14601
MECHANICAL/	Print Name	Signature	
A/C	License #:	Phone #:	
	Company Name:	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.

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	THIS FORM	MOST BE SOBIMITIED FRIGHT TO THE ISSUE	
ecords of the si	abcontractors who actu	er all trades doing work at the permi- ally did the trade specific work under ire all subcontractors to provide evid nd a valid Certificate of Competency	tted site. It is <u>REQUIRED</u> that we have r the permit. Per Florida Statute 440 and ence of workers' compensation or license in Columbia County.
Any changes, th	ne permitted contractor bcontractor beginning (any work. Violations will result in sit	
ELECTRICAL	Print Name		· 6
	License #:	Phone #	
			Form Attached

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