MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	ONTRACTOR PUSH KNOWLS PHONE 39 39 SEL
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the ordinance 89-6 exemption, gen	unty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and is, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County. The permitted contractor is responsible for the corrected form being submitted to this office prior to the abcontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name Leo JAckson Jr Signature Jugach License #: ES1200117b Phone #: 386-688-382/ Qualifier Form Attached
MECHANICAL/	Print Name Signature License #: Phone #: 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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MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUN	ABER	CONTRACTOR K	usty Knowles	PHONE D8
	THIS FORM MUST BE S	SUBMITTED PRIOR TO	THE ISSUANCE OF A PERMIT	a e
records of the s	ounty one permit will cover all trad subcontractors who actually did the 5, a contractor shall require all sub meral liability insurance and a valid	he trade specific w bcontractors to pro	ork under the permit. Per Flo wide evidence of workers' co	rida Statute 440 and mpensation or
Any changes, I start of that su	the permitted contractor is respon abcontractor beginning any work.	nsible for the corre . Violations will re	ected form being submitted t sult in stop work orders and,	o this office prior to the or fines.
ELECTRICAL	Print Name		Signature	
	License #:		Phone #:	
	Qualifier Fo	orm Attached	_	
MECHANICAL/	Print Name Ronald Bond License #: CAC1817 6	ds 58	Signature	<u>k</u> 5 8 664
A/C			THE W.	
t	1 · Ouglifie	er Form Attached	!	•

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Revised 4/27/2017