. . V. KINY

PAGENCE HORSE INSTALLATION SUBCONTRACTOR VERIFICATION FORM

VPLICATION NUMBER		CONTRACTOR W)illiam	price	_ PHONE 407-448- 095
	THIS POR	M WUST BE SUBMITTED PRIOR T	O THE ISSUANC	CE OF A PERIMIT	
Circles of the s Ordinance 89-6 examption, gen	ubcontractors who act , a contractor shall req eral liability insurance the permitted contract	ver all trades doing work a cually did the trade specific uire all subcontractors to p and a valid Certificate of Co or is responsible for the co g any work. Violations will	work under provide evide ompetency li prected form	the permit. Per nce of workers' cense in Colum being submitte	Florida Statute 440 and compensation or bia County. ed to this office prior to the
SECTRICAL	Print Name Laure License th Er. 13.00	Α	Signature Phone #:	Mem title 386 972	1400
PRECHARGAL/	Print Name	Qualifier Form Attached	Signatur Phone #	ALICA MARKETAN	