

SUBCONTRACTOR VERIFICATION FORM

LOCATION NUMBER _____

CONTRACTOR

JAMES R. ZIPER

PHONE (866) 755 366

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

A 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 <u>LYN RAINBOLT</u>	Signature _____	Phone #: <u>867-1004</u>
	License #: <u>EC 13001835</u>		
MECHANICAL/A/C	Print Name <u>W W GAY MECHANICAL</u>	Signature _____	Phone #: <u>(352) 264-2600</u>
	License #: _____		
PLUMBING/GAS	Print Name <u>KEN ROCHE PLUMBING</u>	Signature _____	Phone #: <u>623-9263</u>
	License #: _____		
ROOFING 769	Print Name <u>JIM ZIPER</u>	Signature _____	Phone #: <u>1867-4970</u>
	License #: <u>COC 1517099</u>		
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
	License #: <u>RICHARD BLOOM W/</u>		
FIRE SYSTEM/SPRINKLER	Print Name <u>W W GAY FIRE PROTECTION</u>	Signature _____	Phone #: <u>(352) 380-0317</u>
	License #: <u>TD 93700011990 - FIRE SPRINKLER</u> <u>FF 0001233 - FIRE ALARM</u>		
SOLAR (NA)	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

MASON	<u>COC 1517099</u>	<u>ALL SEASONS PLUMBING</u>	<u>Jim Zipper</u>
CONCRETE FINISHER	<u>000048</u>	<u>LOPSTROM BUILDERS</u>	<u>Bill Lopstrom</u>
FRAMING	<u>COC 1517099</u>	<u>ALL SEASONS PLUMBING</u>	<u>Jim Zipper</u>
INSULATION		<u>NA</u>	
STUCCO	<u>NA</u>		
DRYWALL		<u>HEITZMAN DAYNACI</u>	
PLASTER			
CABINET INSTALLER	<u>339</u>	<u>DR NICKELSON CO.</u>	<u>Dale R. Nickelerson</u>
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>NA</u>		
GARAGE DOOR	<u>NA</u>		
METAL BLDG ERECTOR	<u>COC 15170165</u>	<u>SINCE CONSTRUCTION, LLC</u>	<u>DR</u>

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 8/09

* 30555
COMPLETE VF
AS PER RF TO WORK W/TH WE
HAVE RECEIVED ALL SUBS...

SUBCONTRACTOR VERIFICATION FORM

LOCATION NUMBER _____ CONTRACTOR LOUIS R. ZIBER PHONE (352) 755-3606
 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: <u>LYN RAINBOLT</u>	Signature: _____	Phone #: <u>867-1004</u>
MECHANICAL/ A/C 1382	Print Name: <u>WW GAY MECHANICAL</u>	Signature: _____	Phone #: <u>(352) 264-2600</u>
PLUMBING/ GAS	Print Name: <u>KEN ROCHE PLUMBING</u>	Signature: _____	Phone #: <u>623-0263</u>
ROOFING 769	Print Name: <u>JIM ZIBER</u>	Signature: _____	Phone #: <u>867-4970</u>
SHEET METAL	Print Name: _____	Signature: _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name: <u>WW GAY FIRE PROTECTION</u>	Signature: _____	Phone #: <u>(352) 380-0317</u>
SOLAR	Print Name: <u>NA</u>	Signature: _____	Phone #: _____

MASON	<u>CBC 1517099</u>	<u>ALL SEASONS PLANNING</u>	<u>Jim Walker</u>
CONCRETE FINISHER	<u>000046</u>	<u>LOFTMAN BUILDERS</u>	<u>Bob Loftman</u>
FRAMING	<u>CBC 1517099</u>	<u>ALL SEASONS PLANNING</u>	<u>Jim Walker</u>
INSULATION		<u>NA</u>	
STUCCO	<u>NA</u>		
DRYWALL		<u>HEITZMAN DAYHALL</u>	
PLASTER			
CABINET INSTALLER		<u>DR. NICKELSON CO.</u>	
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>NA</u>		
GARAGE DOOR	<u>NA</u>		
METAL BLDG ERECTOR	<u>CBC 1517099</u>	<u>SINCE CONSTRUCTION, LLC</u>	<u>Jim Walker</u>

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.

65

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER CONTRACTOR Walt F. Inc. PHONE 352-330-2317

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>Richard Bloom</u> License #: <u>4217350000001</u>	Signature <u>[Signature]</u> Phone #: <u>352-330-2317</u>
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
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.

SUBCONTRACTOR VERIFICATION FORM

605

LOCATION NUMBER _____

CONTRACTOR

JAMES R. ZUPER

PHONE

(352) 755-3000

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name <u>LYN RAINBOLT</u>	Signature _____	Phone #: <u>867-1004</u>
	License #: <u>EC 13001835</u>		
MECHANICAL/ A/C	Print Name <u>W W GAY MECHANICAL</u>	Signature _____	Phone #: <u>(352) 264-2600</u>
	License #: _____		
PLUMBING/ GAS	Print Name <u>KEN ROCHE PLUMBING</u>	Signature _____	Phone #: <u>623-9263</u>
	License #: _____		
ROOFING 769	Print Name <u>JIM ZUPER</u>	Signature <u>Jim Zuper</u>	Phone #: <u>867-4970</u>
	License #: <u>CGC 1517099</u>		
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
	License #: <u>RICHARD BLOOM W/</u>		
FIRE SYSTEM/ SPRINKLER	Print Name <u>W W GAY FIRE PROTECTION</u>	Signature _____	Phone #: <u>(352) 380-0317</u>
	License #: <u>70693700011990 - FIRE SPRINKLER</u> <u>EE 0081223 - FIRE ALARM</u>		
SOLAR NA	Print Name _____	Signature _____	Phone #: _____
	License #: _____		

MASON	<u>CGC 1517099</u>	<u>ALL SEASONS PLANNING</u>	<u>Jim Zuper</u>
CONCRETE FINISHER	<u>000048</u>	<u>LOFTMAN BUILDERS</u>	<u>Bill Hart</u>
FRAMING	<u>CGC 1517099</u>	<u>JIM ZUPER</u>	<u>Jim Zuper</u>
INSULATION		<u>NA</u>	
STUCCO	<u>NA</u>		
DRYWALL	<u>000830</u>	<u>JERRY RUZICKA</u>	<u>SEE ATTACHED</u>
PLASTER			
CABINET INSTALLER		<u>DR NICKELSON</u>	
PAINTING	<u>219</u>	<u>BILL HART</u>	<u>SEE ATTACHED</u>
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>NA</u>		
GARAGE DOOR	<u>NA</u>		
METAL BLDG ERECTOR	<u>CGC 15170165</u>	<u>SINCE CONSTRUCTION, LLC</u>	<u>Bill Hart</u>

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Contractor Forms Subcontractor form 6/09

SUBCONTRACTOR VERIFICATION FORM

65

LOCATION NUMBER

CONTRACTOR JAMES R. ZUBERPHONE (386) 755-3008

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ELECTRICAL 476	Print Name <u>LYN ROXBOLT</u> License #: <u>EC 13001835</u>	Signature <u>[Signature]</u> Phone #: <u>867-1004</u>
MECHANICAL/ A/C	Print Name <u>W.W. GAY MECHANICAL</u> License #:	Signature <u>[Signature]</u> Phone #: <u>(352) 264-2600</u>
PLUMBING/ GAS 524	Print Name <u>KEN ROCHE PLUMBING</u> License #: <u>CFE 1426527</u>	Signature <u>[Signature]</u> Phone #: <u>623-0263</u>
ROOFING 769	Print Name <u>JIM ZUBER</u> License #: <u>CGC 1517099</u>	Signature <u>[Signature]</u> Phone #: <u>1867-4970</u>
SHEET METAL	Print Name <u>RICHARD BLOOM W/</u> License #:	Signature <u>[Signature]</u> Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name <u>W.W. GAY FIRE PROTECTION</u> License #: <u>TL 95700011990 - FIRE SPRINKLER</u> <u>EE 0001223 - FIRE ALARM</u>	Signature <u>[Signature]</u> Phone #: <u>(352) 380-0317</u>
SOLAR NA	Print Name <u>[Blank]</u> License #:	Signature <u>[Blank]</u> Phone #:

MASON	<u>CGC 1517099</u>	<u>ALL SEASONS PLANNING</u>	<u>[Signature]</u>
CONCRETE FINISHER	<u>000048</u>	<u>LOPESTROM BUILDERS</u>	<u>[Signature]</u>
FRAMING	<u>CGC 1517099</u>	<u>JIM ZUBER</u>	<u>[Signature]</u>
INSULATION		<u>[Blank]</u>	
STUCCO	<u>NA</u>	<u>JERRY RUSZICKA</u>	<u>[Signature]</u>
PLASTER			
CABINET INSTALLER	<u>339</u>	<u>DR NICKELSON</u>	<u>[Signature]</u>
PAINTING	<u>000219</u>	<u>BILL HART</u>	<u>[Signature]</u>
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>NA</u>		
GARAGE DOOR	<u>NA</u>		
METAL BLDG ERECTOR	<u>CGC 1517099</u>	<u>SINCE CONSTRUCTION, LLC</u>	<u>[Signature]</u>

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APPLICATION NUMBER _____

CONTRACTOR

JIM ZUBER
ALL SEASONS PLANNING, INC. PHONE (352) 755-3608

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MECHANICAL/ A/C	Print Name <u>WW GAY MECHANICAL</u>	Signature _____	Phone #: <u>(352) 261-2600</u>
PLUMBING/ GAS	Print Name <u>KEN ROCHE PLUMBING</u>	Signature _____	Phone #: <u>623-9263</u>
ROOFING 769	Print Name <u>JIM ZUBER</u>	Signature <u>Jim Zuber</u>	Phone #: <u>867-4970</u>
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>WW GAY FIRE PROTECTION</u>	Signature _____	Phone #: <u>(352) 380-0317</u>
SOLAR (NA)	Print Name _____	Signature _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	769 CGC1517099	ALL SEASONS PLANNING	Jim Zuber
CONCRETE FINISHER	000048	LOPSTROM BUILDERS	Bill Hart
FRAMING	769 CGC1517099	ALL SEASONS PLANNING	Jim Zuber
INSULATION			
STUCCO	NA		
DRYWALL		HEITZMAN DRYWALL	
PLASTER			
CABINET INSTALLER	339	DR. NICKELSON CO.	
PAINTING	?	I.H. CUSTOM FINISHES	CHANGED to BILL HART
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	NA		
GARAGE DOOR	NA		
METAL BLDG ERECTOR	CGC 15170165	SINOZ CONSTRUCTION, LLC	

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