

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1405-26CONTRACTOR Travis Lamonda PHONE 438-3622
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.

<input checked="" type="checkbox"/> ELECTRICAL 37	Print Name <u>Donald R. Hollingshead</u>	Signature <u>Donald R. Hollingshead</u>
	License #: <u>EC 1300 5429</u>	Phone #: <u>386-755-5944</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>Ralph Peter Mazzacchi</u>	Signature <u>Ralph Peter Mazzacchi</u>
	License #: <u>CAC 021 353</u>	Phone #: <u>386-984-6117</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<input checked="" type="checkbox"/> ROOFING 1270	Print Name <u>Jeff Bokor</u>	Signature <u>Jeff Bokor</u>
	License #: <u>CCC-1329 756</u>	Phone #: <u>352-339-6387</u>
<input checked="" type="checkbox"/> SHEET METAL	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<input checked="" type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<input checked="" type="checkbox"/> SOLAR	Print Name _____	Signature _____
	License #: _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		<u>N/A</u>	
CONCRETE FINISHER		<u>N/A</u>	
FRAMING 146 2	<u>CBC1259821</u>	<u>Travis Lamonda</u>	<u>Travis Lamonda</u>
INSULATION 146 2	<u>CBC1259821</u>	<u>Travis Lamonda</u>	<u>Travis Lamonda</u>
STUCCO		<u>N/A</u>	
DRYWALL 146 2	<u>CBC1259821</u>	<u>Travis Lamonda</u>	<u>Travis Lamonda</u>
PLASTER		<u>N/A</u>	
CABINET INSTALLER		<u>N/A</u>	
PAINTING 146 2	<u>CBC1259821</u>	<u>Travis Lamonda</u>	<u>Travis Lamonda</u>
ACOUSTICAL CEILING		<u>N/A</u>	
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.

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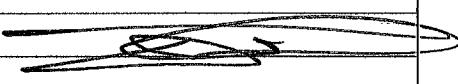
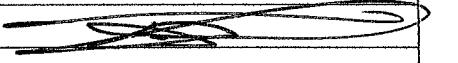
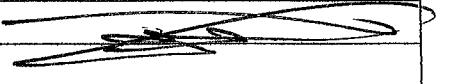
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MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

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FRAMING			
✓ INSULATION 1462	CBC1259821	Travis Lamonda	
STUCCO			
✓ DRYWALL 1462	CBC1259821	" "	
PLASTER			
CABINET INSTALLER			
✓ PAINTING 1462	CBC1259821	" "	
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
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