

**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER 1A05-26 CONTRACTOR 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"/> <b>ELECTRICAL</b> 37	Print Name: <u>DONALD R. HOLLYWOOD</u> Signature: <u>[Signature]</u> License #: <u>EP13005429</u> <u>Holly Electric Inc</u> Phone #: <u>386-755-5944</u>
<input checked="" type="checkbox"/> <b>MECHANICAL/A/C</b>	Print Name: <u>RALE H PETER MAZZOCCI</u> Signature: <u>Ralph Peter Mazzocchi</u> License #: <u>CAC021353</u> Phone #: <u>386-984-6117</u>
<b>PLUMBING/GAS</b>	Print Name: _____ Signature: _____ License #: _____ Phone #: _____
<input checked="" type="checkbox"/> <b>ROOFING</b> 1270	Print Name: <u>Jeff Bokor</u> Signature: <u>[Signature]</u> License #: <u>CCC-1329756</u> Phone #: <u>352-339-6387</u>
<b>SHEET METAL</b>	Print Name: _____ Signature: _____ License #: _____ Phone #: _____
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name: _____ Signature: _____ License #: _____ Phone #: _____
<b>SOLAR</b>	Print Name: _____ Signature: _____ License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		N/A	
CONCRETE FINISHER		N/A	
<input checked="" type="checkbox"/> FRAMING 1462	CBC1259821	Travis Lamonda	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION 1462	CBC1259821	Travis Lamonda	<u>[Signature]</u>
STUCCO		N/A	
<input checked="" type="checkbox"/> DRYWALL 1462	CBC1259821	Travis Lamonda	<u>[Signature]</u>
PLASTER		N/A	
CABINET INSTALLER		N/A	
<input checked="" type="checkbox"/> PAINTING 1462	CBC1259821	Travis Lamonda	<u>[Signature]</u>
ACOUSTICAL CEILING		N/A	
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

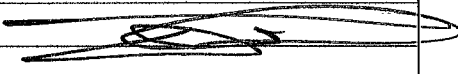
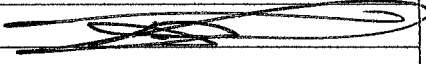
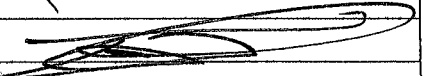
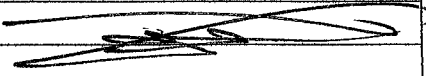
APPLICATION NUMBER 1405.26CONTRACTOR Travis LamondaPHONE 438. 3622

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

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
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✓ INSULATION 1462	CBC1259821	Travis Lamonda	
STUCCO			
✓ DRYWALL 1462	CBC1259821	" "	
PLASTER			
CABINET INSTALLER			
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ACOUSTICAL CEILING			
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