MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER CONTRACTOR \(\frac{}{}\)		ael Earnest PHONE 352-572-046
	THIS FORM MUST BE SUBMITTED PRIOR TO T	E ISSUANCE OF A PERMIT
records of the : Ordinance 89-6	ounty one permit will cover all trades doing work at the subcontractors who actually did the trade specific wor 5, a contractor shall require all subcontractors to provi neral liability insurance and a valid Certificate of Comp	k under the permit. Per Florida Statute 440 and de evidence of workers' compensation or
	the permitted contractor is responsible for the correct obcontractor beginning any work. Violations will resu	4) - · · · · · · · · · · · · · · · · · ·
ELECTRICAL	License #:	Fignature 386-867-4080 Wallfler Form Attached
MECHANICAL/ A/C	Print Name Scent 195h License #: Company Name: Owner	Signature Son Son Start
applying for an compensation	Building permits; Identification of minimum premiun nd receiving a building permit, show proof and certify for its employees under this chapter as provided in ss oyer applies for a building permit.	to the permit issuer that it has secured