

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1401-09 CONTRACTOR Rennie Norrie PHONE 386.623.7716

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

customer Delgado

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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C 562	Print Name <u>David Hall</u> License #: <u>CACO 57424</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-9792</u>
PLUMBING/ GAS	Print Name <u>RONNIE NORRIS</u> License #: <u>IH1025145</u>	Signature <u>[Signature]</u> Phone #: <u>623-7716</u>

Printed on 1/14 for Ronnie Norris 1.23.14

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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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APPLICATION NUMBER 1401-09 CONTRACTOR Rennie Morris PHONE _____

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✓ ELECTRICAL 1074	Print Name <u>GLENN WHITTINGTON</u>	Signature <u><i>Glenn Whittington</i></u>
	License #: <u>EC 13002957</u>	Phone #: <u>386 972 1700 / 684 7601</u>
MECHANICAL/ A/C _____	Print Name _____	Signature _____
	License #: _____	Phone # _____
PLUMBING/ GAS	Print Name _____	Signature _____
	License #: _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
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Contractor Form: Subcontractor form: 1/21