

From:Bounds Heating & AIR

352 472 1809

07/09/2012 12:56

#350 P.001/001

352 472 6123

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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1207-21 CONTRACTOR Bryant Con. PHONE (352) 378-2857
 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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C <u>1317</u>	Print Name <u>Bryan Bounds</u> License #: <u>CAC1815198</u>	Signature <u>[Signature]</u> Phone #: <u>352-472-2761</u>
PLUMBING/ GAS	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
✓ MASON	CC0011606	Wayne C. Bryant	[Signature]
✓ CONCRETE FINISHER	CC0011606	Wayne C. Bryant	[Signature]
✓ FRAMING	CC0011606	Wayne C. Bryant	[Signature]
INSULATION			
STUCCO	N/A		
✓ DRYWALL	CC0011606	Wayne C. Bryant	[Signature]
PLASTER	N/A		
CABINET INSTALLER	N/A		
✓ PAINTING	CC0011606	Wayne C. Bryant	[Signature]
ACOUSTICAL CEILING	N/A		
GLASS	N/A		
CERAMIC TILE	N/A		
✓ FLOOR COVERING	CC0011606	Wayne C. Bryant	[Signature]
ALUM/VINYL SIDING	N/A		
GARAGE DOOR	N/A		
METAL BLDG ERECTOR	N/A		

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.

Florida Statute 440.103, Subchapter 1, Section 103.01

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<input checked="" type="checkbox"/> ELECTRICAL 871	Print Name <u>DENNIS CONKLIN</u> License #: <u>EC13003800</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-5255</u>
<input type="checkbox"/> MECHANICAL/A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> PLUMBING/GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
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CONCRETE FINISHER			
FRAMING			
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PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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FROM : JASON ELIXSON

FAX NO. : 3867552735

Jul. 13 2012 09:22AM P1

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MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING 445	Print Name <u>Jason Elixson Const. LLC</u> License #: <u>CCC1325779</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-1741</u>
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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Contractor Form: subcontractor form: 6/09

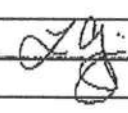
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MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION 1320	CBC1256909	Tyson C Riggins	
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
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