

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1401-28 CONTRACTOR Bryan Zecher PHONE 762-8653  
 WILLIAMS 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 76	Print Name <u>Matthews Electric, LLC</u> License #: <u>EC13005459</u>	Signature <u>Matthews</u> Phone #: <u>(386) 344-2029</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 147	Print Name <u>Mark Touchstone</u> License #: <u>CACO-58099</u>	Signature <u>Richard Mark</u> Phone #: <u>(386) 867-0625</u>
PLUMBING/ GAS	Print Name <u>See Separate Sheet</u> License #: <u>N/A</u>	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> ROOFING 187	Print Name <u>Max Johnson Roofing</u> License #: <u>RC 0061384</u>	Signature <u>Max Johnson</u> Phone #: <u>(352) 472-4943</u>
SHEET METAL	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: <u>N/A</u>	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	<u>000287</u>	<u>WILLIE DIXON</u>	<u>Willie Dixon</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	<u>00063</u>	<u>DARYL SPRADLEY</u>	<u>Daryl Spradley</u>
<input checked="" type="checkbox"/> FRAMING	<u>001141</u>	<u>JEFF NICHOLS</u>	<u>Jeff Nichols</u>
<input checked="" type="checkbox"/> INSULATION	<u>000240</u>	<u>Will SIKES</u>	<u>Will Sikes</u>
STUCCO	_____	<u>N/A</u>	_____
<input checked="" type="checkbox"/> DRYWALL <u>CANIT/EC</u>	<u>001191</u>	<u>VALERIE MASSIE</u>	<u>Valerie Massie</u>
PLASTER	_____	<u>N/A</u>	_____
<input checked="" type="checkbox"/> CABINET INSTALLER <u>853</u>	<u>CBC054575</u>	<u>BRYAN ZECHER</u>	<u>Bryan Zecher</u>
<input checked="" type="checkbox"/> PAINTING	<u>000330</u>	<u>BOBBY TOUCHTON</u>	<u>Bobby Touchton</u>
ACOUSTICAL CEILING	_____	<u>N/A</u>	_____
GLASS	_____	<u>N/A</u>	_____
<input checked="" type="checkbox"/> CERAMIC TILE <u>853</u>	<u>CBC054575</u>	<u>BRYAN ZECHER</u>	<u>Bryan Zecher</u>
<input checked="" type="checkbox"/> FLOOR COVERING <u>853</u>	<u>CBC054575</u>	<u>BRYAN ZECHER</u>	<u>Bryan Zecher</u>
ALUM/VINYL SIDING	_____	<u>N/A</u>	_____
<input checked="" type="checkbox"/> GARAGE DOOR	<u>000619</u>	<u>CARL BULLARD</u>	<u>Carl Bullard</u>
METAL BLDG ERECTOR	_____	<u>N/A</u>	_____

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 1401-28 CONTRACTOR Bryan Zecher PHONE (386) 752-8653  
K. Williams 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 _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ PLUMBING/ GAS <u>1081</u>	Print Name <u>Wolfe Plumbing</u> License #: <u>CFC 051621</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 927-0616</u>
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 #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
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**

*Rec'd 2/3/14*

APPLICATION NUMBER 1461-28 CONTRACTOR BRYAN ZECHER PHONE 386-752-8657

**WILLIAMS PERMIT**

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.

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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
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
✓ DRYWALL	500351	Ron L. Smith	<i>Ron L. Smith</i>
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
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 1401-28CONTRACTOR BRYAN ZECHER; PRESIDENT PHONE 386-752-6653RE: PERMIT 31727

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.

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ELECTRICAL	Print Name _____ License # _____	Signature _____ Phone # _____
MECHANICAL/ A/C	Print Name _____ License # _____	Signature _____ Phone # _____
✓ PLUMBING/ GAS 759	Print Name <u>C.L. BUCK BOYETTE PLUMBING</u> License # <u>CFC1428686</u>	Signature <u>[Signature]</u> Phone # <u>386 752 0716</u>
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 # _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
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

CONTRACTOR

BRYAN ZECHER

PHONE 386.752.8653

Williams 31727

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.

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
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 #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
✓ DRYWALL	260	Jesse Frank	[Signature]
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**RECEIVED**  
4.29.14

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.

Contractor Form: Subcontractor form: 6/09

REC'D  
4.29.14

**SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR BRYAN ZECHER PHONE 386-752-8653

RE: WILLIAMS # 31727

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.

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<b>ELECTRICAL</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<b>MECHANICAL/ A/C _____</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<b>ROOFING</b>	Print Name _____	Signature _____
	License #: _____	Phone #: _____
<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			
CONCRETE FINISHER			
✓ FRAMING	1458	WILLIAM S. SILCOX, Jr.	<i>[Signature]</i>
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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Permit

APPLICATION NUMBER 000031727

CONTRACTOR Bryan Zeher Construction PHONE 386-752-8653

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

RE: WILLIAMS 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 65-6, 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.

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C <u>1460</u>	Print Name <u>DAVID L. COTURAN</u> License #: <u>CAC1815522</u>	Signature <u>David L. Coturan</u> Phone #: <u>904-219-4404</u>
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 #: _____

System/Trade	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**RECEIVED**

4.2.14

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Contractor Form: Subcontractor Form: 6/08