MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER CONTRACTOR	PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO	THE ISSUANCE OF A PERMIT
records of the Ordinance 89-6	unty one permit will cover all trades doing work at subcontractors who actually did the trade specific w i, a contractor shall require all subcontractors to pro neral liability insurance and a valid Certificate of Cor	work under the permit. Per Florida Statute 440 and ovide evidence of workers' compensation or
	he permitted contractor is responsible for the corre bcontractor beginning any work. Violations will re	ected form being submitted to this office prior to the esult in stop work orders and/or fines.
ELECTRICAL	Print Name Calenn Whitfregton License #: CC12002957	Signature Glun Whate The Phone #: 386 C84 460
	Qualifier Form Attached	
MECHANICAL/	Print Name	Signature
A/C	License #:	Phone #:
	Qualifier Form Attached	7

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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PHONE

CONTRACTOR

records of the Ordinance 89-	subcontractors who actually did the trade s 6, a contractor shall require all subcontracto	work at the permitted site. It is <u>REQUIRED</u> that we have pecific work under the permit. Per Florida Statute 440 and ors to provide evidence of workers' compensation or the of Competency license in Columbia County.
		the corrected form being submitted to this office prior to s will result in stop work orders and/or fines.
	Driet Name	Cianatura
ELECTRICAL	Print Name	Signature
ELECTRICAL	License #:	
ELECTRICAL		Phone #:
ELECTRICAL MECHANICAL	License #:	Phone #:
1	License #:Qualifier Form Attache	Phone #:

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