

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 131204 CONTRACTOR Glenwood King PHONE 397-4708
 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.

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| <input checked="" type="checkbox"/> ELECTRICAL 37 | Print Name <u>Donald Hollingsworth</u> License #: <u>EC13003429</u> | Signature <u>[Signature]</u> Phone #: <u>386-253-5544</u> |
| <input type="checkbox"/> MECHANICAL/A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| <input checked="" type="checkbox"/> PLUMBING/GAS 714 | Print Name <u>MAST B BARRS</u> License #: <u>CFC057219</u> | Signature <u>[Signature]</u> Phone #: <u>752 8656</u> |
| <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 |
|--|-----------------|---------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| <input checked="" type="checkbox"/> DRYWALL 489 | <u>CBC05926</u> | <u>Glenwood King Const Inc.</u> | <u>Glenwood King</u> |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| <input checked="" type="checkbox"/> PAINTING | <u>000632</u> | <u>JOHN BISPHAM</u> | <u>John Bispham</u> |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| <input checked="" type="checkbox"/> CERAMIC TILE | <u>651</u> | <u>Wayne Wallace</u> | <u>Wayne Wallace</u> |
| 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.