

SUBCONTRACTOR VERIFICATION FORM

Permit

APPLICATION NUMBER 31455

CONTRACTOR MATTHEW ERKINGER

PHONE 754-5555

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 1365	Print Name <u>Daron's Plumbing Corp.</u> License # <u>CFC 1706264</u>	Signature <u>Daron's Plumbing Corp.</u> Phone # <u>239-828-7093</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-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			

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 1309-15 CONTRACTOR ERKINGER Construction PHONE 754 5555
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>MARKC Matthews</u> License #: <u>EC13005459</u>	Signature <u>[Signature]</u> Phone #: <u>386 344 2029</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C 1052	Print Name <u>Richard Register</u> License #: <u>CAC04126T</u>	Signature <u>Richard C. Register</u> Phone #: <u>904 759-6750</u>
<input checked="" type="checkbox"/> PLUMBING/GAS 715	Print Name <u>Cody BARRS</u> License #: <u>CFC1427145</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-0509</u>
<input checked="" type="checkbox"/> ROOFING 1119	Print Name <u>RCRA Johnson Roofing, Inc</u> License #: <u>CCC133073 M. Carol Johnson</u>	Signature <u>Mary Carol Johnson</u> Phone #: <u>386-755-2377</u>
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
<input checked="" type="checkbox"/> MASON	000097	Kennn Loudon	<u>[Signature]</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	000218	TONY E JORDAN Sr	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING	000035	David Ponton	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	000240	Will Sikes	<u>[Signature]</u>
STUCCO		N/A	
<input checked="" type="checkbox"/> DRYWALL	001197	EARSTON MASSIE	<u>[Signature]</u>
PLASTER		N/A	
<input checked="" type="checkbox"/> CABINET INSTALLER 399	CBC1257313	ERKINGER Construction	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING	180	Scott Vogel	<u>[Signature]</u>
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
<input checked="" type="checkbox"/> CERAMIC TILE	000651	RWanne Wallace	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING 399	CBC1257313	ERKINGER Construction	<u>[Signature]</u>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	000312	Paul Phinney	<u>[Signature]</u>
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.