

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1309-57 CONTRACTOR Cason Builders PHONE 10/2/2013  
 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.**

<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 <u>N/A</u> License #: <u>N/A</u>	Signature <u>N/A</u> Phone #: <u>N/A</u>
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name <u>N/A</u> License #: <u>N/A</u>	Signature <u>N/A</u> Phone #: <u>N/A</u>
<b>SOLAR</b>	Print Name <u>N/A</u> License #: <u>N/A</u>	Signature <u>N/A</u> Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	CBC-060151	Cason Builders Inc	<u>[Signature]</u>
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
CERAMIC TILE			
FLOOR COVERING	CBC-060151	Cason Builders Inc	<u>[Signature]</u>
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR	<u>N/A</u>	<u>N/A</u>	<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.

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APPLICATION NUMBER 1309-57 CONTRACTOR CASPER BUILDERS PHONE 352-283 3542  
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<input checked="" type="checkbox"/> <b>ELECTRICAL</b> 1290	Print Name <u>DENNIS HOLT</u> License #: <u>EC0002675</u>	Signature <u>[Signature]</u> Phone #: <u>352-538-5363</u>
<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 #: _____

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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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APPLICATION NUMBER 1308-57 CONTRACTOR William Cason PHONE \_\_\_\_\_  
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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ AC & 960	Print Name <u>William D. Hogle</u> License #: <u>CAC058124</u>	Signature <u>[Signature]</u> Phone #: <u>352-494-9244</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 #: _____

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				
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MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
ok PLUMBING/ GAS 767	Print Name <u>Coleman's Plumbing</u> License #: <u>CFC 1425624</u>	Signature <u>Paul Kimi Cason</u> Phone #: <u>352-472-4114</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
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CONCRETE FINISHER			
FRAMING			
INSULATION			
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PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
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ALUM/VINYL SIDING			
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MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING 605	Print Name <u>TRAVIS G. McDONALD INC</u> License #: <u>CCC057914</u>	Signature <u>[Signature]</u> Phone #: <u>(352) 213 5287</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
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FRAMING			
INSULATION			
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PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
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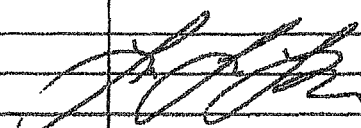
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DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
ok CERAMIC TILE	1054	Lewis L. Long	
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

13-15 ok

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