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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1209-02 CONTRACTOR W. S. Crawford PHONE 752. 5152
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 380	Print Name <u>DONALD R DAVIS</u> License #: <u>EC0002306</u>	Signature <u>Donald R Davis</u> Phone #: <u>386-623-0499</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C 802	Print Name <u>Clint Wilson</u> License #: <u>CAC057886</u>	Signature <u>Clint Wilson</u> Phone #: <u>386-496-9000</u>
PLUMBING/ GAS	Print Name <u>Kenneth E. Ault</u> 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		Colin Gay	
CONCRETE FINISHER		Tom Jordan	
FRAMING		Stanley Crawford	
<input checked="" type="checkbox"/> INSULATION G9	<u>LG0042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> STUCCO			
DRYWALL	<u>256</u>	<u>Ron David</u>	
PLASTER			
<input checked="" type="checkbox"/> CABINET INSTALLER	<u>LG0042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> PAINTING	<u>LG0042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
ACOUSTICAL CEILING			
GLASS		Patsy Benson	
<input checked="" type="checkbox"/> CERAMIC TILE G9	<u>LG 0042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> FLOOR COVERING G9	" "	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
ALUM/VINYL SIDING		Paul Primmer	
GARAGE DOOR		<u>Tamar Benson</u>	
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.

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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1209-02 CONTRACTOR Stanley Crawford PHONE 752-5152
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ELECTRICAL	Print Name <u>DONALD R DAVIS</u> Signature <u>Donald R Davis</u> License #: <u>EC0002306</u> Phone #: <u>386-623-0499</u>
MECHANICAL/ A/C	Print Name <u>Clint Wilson</u> Signature _____ License #: _____ Phone #: _____
PLUMBING/ GAS <u>161</u>	Print Name <u>Kenneth E. Ault</u> Signature <u>Kenneth E. Ault</u> License #: <u>RF11067359</u> Phone #: <u>386-647-3856</u>
ROOFING	Print Name _____ Signature _____ License #: _____ Phone #: _____
SHEET METAL	Print Name _____ Signature _____ License #: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____ Phone #: _____
SOLAR	Print Name _____ Signature _____ License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub Contractors Signature
MASON		Colin Bay	
CONCRETE FINISHER		Larry Jordan	
FRAMING		Stanley Crawford	Stanley Crawford
INSULATION		Patsy Brown	
✓ STUCCO	000256	Ron David	Ron David
✓ DRYWALL	006 256	Ron David	Ron David
✓ PLASTER	000256	Ron David	Ron David
CABINET INSTALLER		Stanley Crawford	Stanley Crawford
PAINTING		Stanley Crawford	Stanley Crawford
ACOUSTICAL CEILING			
GLASS		Patsy Brown	
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING		Paul Plummer	
✓ GARAGE DOOR <u>604</u>	<u>CB1256116</u>	<u>Lamar Bear</u>	<u>Lamar Bear</u>
METAL BLDG ERECTOR			

On Scope of Work

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 1209-02 CONTRACTOR W.H.S. Crawford PHONE 752.5152

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ELECTRICAL	Print Name <u>DONALD R DAVIS</u> License #: <u>EC0002306</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-0499</u>
MECHANICAL/ A/C	Print Name <u>Clint Wilson</u> License #:	Signature _____ Phone #:
PLUMBING/ GAS <u>161</u>	Print Name <u>Kenneth E. Ault</u> License #: <u>RF 11067359</u>	Signature <u>[Signature]</u> Phone #: <u>386-697-3856</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		<u>Colin Gray</u>	
CONCRETE FINISHER		<u>Larry Jordan</u>	
FRAMING		<u>Stanley Crawford</u>	
INSULATION		<u>Patsy Bowen</u>	
STUCCO		<u>Ron David</u>	
DRYWALL		<u>Ron David</u>	
PLASTER		<u>Ron David</u>	
CABINET INSTALLER		<u>Stanley Crawford</u>	
PAINTING		<u>Stanley Crawford</u>	
ACOUSTICAL CEILING			
GLASS		<u>Patsy Bowen</u>	
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING		<u>Paul Phinney</u>	
GARAGE DOOR	<u>CB1256116</u>	<u>Lamar Bear</u>	<u>[Signature]</u>
METAL BLDG ERECTOR			

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