MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	O SCO	CONTRACTOR	William	price	PHONE 407-448- 0953
	THIS FO	AM MUST BE SUBMITTED PRI	or to the Issuanc	e of a permit	
Ordinance 89-6 exemption, gen	uncontractors who a , a contractor shall re neral liability insuranc the permitted contrac	over all trades doing wor ctually did the trade spec quire all subcontractors e and a valid Certificate of the contractor is responsible for the ing any work. Violations v	ific work under to provide evider of Competency lies of Competency lies of Corrected form	he permit. Per nce of workers' cense in Colum being submitte	Florida Statute 440 and compensation or bia County. ed to this office prior to the
Electrical	Print Name Rolleman License #: Ec. 130	Lal Studiniogim 2957 Qualifier Form Attached	Se Selected annual section of the se	<u> Newstithi</u> 386 972	1400
MECHANICAL/ A/C	Print Name	Qualifier Form Attack			

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

PPLICATION NUMB	CONTRACTOR WILLIAM OFICE PHONE 407-448- 800
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the si Ordinance 89-6, exemption, gen	inty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have abcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and a contractor shall require all subcontractors to provide evidence of workers' compensation or eral liability insurance and a valid Certificate of Competency license in Columbia County.
Any changes, the start of that su	he permitted contractor is responsible for the corrected form being submitted to this office prior to the beantractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name Signature Phone #:
REECTRICAL	Print Name Signature License #: Phone #: Qualifier Form Attached

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