

APPLICATION NUMBER 47055 CONTRACTOR Robert Sheppard PHONE 386-623-2200

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 <u>Dennis Conkle</u> License #: <u>EC FC 13003800</u> Qualifier Form Attached ☐	Signature <u>[Signature]</u> Phone #: <u>386-623-9055</u>
MECHANICAL/ A/C _____	Print Name <u>homeowner - ^{Kelby or} Kayla Helton</u> License #: <u>n/a</u> Qualifier Form Attached ☐	Signature <u>Kayla Helton</u> Phone #: <u>405-388-4572</u> <u>or Kelby 405-397-4961</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.