

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1408-01 CONTRACTOR Scott Case PHONE 561-202-7663

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	Print Name: <u>MATT BURNS</u> Signature: <u>[Signature]</u>
	License #: <u>ER 18013084</u> Phone #: <u>386-368-3688</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C	Print Name: <u>Towson Hartner A/R</u> Signature: <u>[Signature]</u>
	License #: <u>CR 080741</u> Phone #: <u>386-362-4509</u>
<input checked="" type="checkbox"/> PLUMBING/GAS	Print Name: <u>Alan V. Scott Case</u> Signature: <u>[Signature]</u>
	License #: <u>[Blank]</u> Phone #: <u>[Blank]</u>
<input checked="" type="checkbox"/> ROOFING	Print Name: <u>George Duckworth</u> Signature: <u>[Signature]</u>
	License #: <u>CC 1307937</u> Phone #: <u>386-208-9117</u>
<input type="checkbox"/> SHEET METAL	Print Name: _____ Signature: _____
	License #: _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/SPRINKLER	Print Name: _____ Signature: _____
	License #: _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name: _____ Signature: _____
	License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<input type="checkbox"/> owner	<u>D. Scott Case</u>	<u>[Signature]</u>
CONCRETE FINISHER	<input type="checkbox"/>		
FRAMING	<input type="checkbox"/>		
INSULATION	<input type="checkbox"/>		
STUCCO	<input type="checkbox"/>		
DRYWALL	<input type="checkbox"/>		
PLASTER	<input type="checkbox"/>		
CABINET INSTALLER	<input type="checkbox"/>		
PAINTING	<input type="checkbox"/>		
ACOUSTICAL CEILING	<input type="checkbox"/>		
GLASS	<input type="checkbox"/>		
CERAMIC TILE	<input type="checkbox"/>		
FLOOR COVERING	<input type="checkbox"/>		
ALUM/VINYL SIDING	<input type="checkbox"/>		
GARAGE DOOR	<input type="checkbox"/>		
METAL BLDG DIRECTOR	<input checked="" type="checkbox"/>		

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 1408-01 CONTRACTOR J Scott Case PHONE 561-202-7603
 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 <u>MATT BURNS</u> Signature _____ License # <u>ER 13013004</u> Phone # <u>386-365-3688</u>
MECHANICAL/ A/C	Print Name <u>Touchson Heating + AIR</u> Signature _____ License # <u>CR0088747</u> Phone # <u>386-362-4509</u>
PLUMBING/ GAS	Print Name <u>owner Scott Case</u> Signature <u>Jerry Scott</u> License # _____ Phone # _____
ROOFING	Print Name <u>George Ducksworth</u> Signature _____ License # <u>CC1307937</u> Phone # <u>386-208-9117</u>
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	<input type="checkbox"/>	<u>owner</u>	<u>Scott Case</u>	<u>Jerry Scott</u>
CONCRETE FINISHER	<input type="checkbox"/>			
FRAMING	<input type="checkbox"/>			
INSULATION	<input type="checkbox"/>			
STUCCO	<input type="checkbox"/>			
DRYWALL	<input type="checkbox"/>			
PLASTER	<input type="checkbox"/>			
CABINET INSTALLER	<input type="checkbox"/>			
PAINTING	<input type="checkbox"/>			
ACOUSTICAL CEILING	<input type="checkbox"/>			
GLASS	<input type="checkbox"/>			
CERAMIC TILE	<input type="checkbox"/>			
FLOOR COVERING	<input type="checkbox"/>			
ALUM/VINYL SIDING	<input type="checkbox"/>			
GARAGE DOOR	<input type="checkbox"/>			
METAL BLDG DIRECTOR	<input type="checkbox"/>			

OWNER BLDG

FILE COPY

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.