

**SUBCONTRACTOR VERIFICATION FORM**

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APPLICATION NUMBER 1305-83 CONTRACTOR ERKINACKER Construction PHONE 754-5555

**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"/> <b>ELECTRICAL</b> 76	Print Name <u>MARC Matthews</u> License #: <u>ER0014352</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<input checked="" type="checkbox"/> <b>MECHANICAL/A/C</b> 1052	Print Name <u>Richard Register</u> License #: <u>CAC04126T</u>	Signature <u>[Signature]</u> Phone #: <u>904-759-6750</u>
<input checked="" type="checkbox"/> <b>PLUMBING/GAS</b> 715	Print Name <u>Cody BARRS</u> License #: <u>CFC1427145</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-0509</u>
<input checked="" type="checkbox"/> <b>ROOFING</b> 1034	Print Name <u>Wally Powell</u> License #: <u>CCC057307</u>	Signature <u>[Signature]</u> Phone #: <u>386-294-1755</u>
<b>SHEET METAL</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name <u>N/A</u> License#:	Signature _____ Phone #:
<b>SOLAR</b>	Print Name <u>N/A</u> License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	000097	Kennn Loudon	[Signature]
<input checked="" type="checkbox"/> CONCRETE FINISHER	000218	TONY E JORDAN SE	[Signature]
<input checked="" type="checkbox"/> FRAMING	000035	David Ponton	[Signature]
<input checked="" type="checkbox"/> INSULATION	000240	Will Sikes	[Signature]
STUCCO		N/A	
<input checked="" type="checkbox"/> DRYWALL	001197	Earston Massie	[Signature]
PLASTER		N/A	
CABINET INSTALLER		N/A	
<input checked="" type="checkbox"/> PAINTING	180	Scott Vogel	[Signature]
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
<input checked="" type="checkbox"/> CERAMIC TILE	000651	Wayne Wallace	[Signature]
FLOOR COVERING		N/A	
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	000312	Paul Phinney	[Signature]
GARAGE DOOR		N/A	
METAL BLDG ERECTOR		N/A	

**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

Permit APPLICATION NUMBER 31109 CONTRACTOR ER King, Matthew PHONE 754-5555  
Miller, Keith THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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<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> * 1119	Print Name <u>RCRA Johnson Roofing, Inc</u> License #: <u>CCC 1330073</u>	Signature <u>May Carol Johnson</u> Phone #: <u>386-755-2377</u>
<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 #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
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STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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Contractor Form: Subcontractor form: 6/09