## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR LONG	d Ryan	Norri SHONE	386,284,	1005
ALLEGATION		t -	THORE,	000	

## 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 <u>REQUIRED</u> 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 Marcus Matthews License #: FC 1300 5459	Signature Ma Mas Phone #: 386-344-2029			
	Qualifier Form Attached				
MECHANICAL/	Print Name	Signature			
A/C	Cualifier Form Attached				

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.

Revised 4/27/2017

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER CC	ONTRACTOR LONG PHONE 386-234-1005				
	THIS FORM MUST BE SUB	MITTED PRIOR TO THE ISSUANCE OF A PERMIT				
records of the s	ubcontractors who actually did the	doing work at the permitted site. It is <u>REQUIRED</u> that we have trade specific work under the permit. Per Florida Statute 440 and intractors to provide evidence of workers' compensation or ertificate 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	Signature Phone #:				
	Qualifier Form	Attached				
MECHANICAL/	Epic AC Service					
A/C	License #: CAC1819412  Qualifier Fo	Phone #: 386 623 1609				

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.