SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	1307-	52	CONTRACTOR	AL	Thoras	Pranan	Cy PHONI	(306)	755 :	3 08
	THIS FO	RM MUST BE S	UBMITTED PRI	OR TO T	HE ISSUANCE C	SE A DEPRAIT	•			

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 normitted contractor is resonasible for the corrected form being cultural to the

ELECTRICAL	Print Name	LYN ROW	ROLT	Signature	
	License #		I	Pho	one#: 867-1004
MECHANICAL/	Print Name			Signature	
A/C	License#			Pho	ne #:
PLUMBING/	Print Name	KEN POC	HE PLIMB	Signature	
GAS	License #:	•	·	Pho	ng#: 623-9263
ROOFING	Print Name		<i>Andrews</i>	Signature	
XA	License#				
SHEET METAL	Print Name			Signature	
NA	License #			Pho	one #:
FIRE SYSTEM/	Print Name	WWGAY	FIRE PROTECT	TCN_Signature	
SPRINKLER	License#:	F 000/370001	1990 - FIRE SP - FIRE A	RINKLER Pho	one #: (352) 380-0317
SOLAR/ NA	Print Name			Signature	
	License #.	ùcense #.		Pho	one #:
Specialty Li		Eicense Number,	Sub-Coutrac	tors Printed Name	sub-Contravaers Signature
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CONCRETE FIN		000048		BUILDERS	
	769	CGC 15/7099	ANSEA	3045 PLANNING	girmelin
INSULATION			BOX		
STUCCO		ΧA			V
DRYWALL					2
PLASTER					
CABINET INSTA	ALLER	\		-,	·
PAINTING					
ACOUSTICAL C	EILING				
GLASS)			
CERAMIC TILE		(
FLOOR COVERI	NG	1/			
LEGON COAEVI	110	~ >	T .		
		NA.			
ALUM/VINYL S GARAGE DOOF	IDING	NA.			, , , , , , , , , , , , , , , , , , , ,

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. Contractor Forms Subcontractor form 6/09

SUBCONTRACTOR VERIFICATION FORM

3	APPLICATION NUM	ABER	1307 . 5. THIS FORM M	•	AL TENONS TO THE ISSUANCE OF	PANANCE PHONE (FELL) 755 300	
	records of the s Ordinance 89-6	subcontrac i, a contrac	tors who actuall tor shall require	y did the trade speci all subcontractors t	fic work under the pe o provide evidence o	re. It is <u>REQUIRED</u> that we have ermit. Per Florida Statute 440 and f workers' compensation or in Columbia County.	
						submitted to this office prior to the offices.	
レ	ELECTRICAL 729	Print Name License #		WB0-1 001835	Signature Phon	e#: 867-1004	
	MECHANICAL/	Print Name	9		SignaturePhone #:		
	PLUMBING/ GAS	Print Name License #:	ne KEN POCHE PLUMBING				
			2_				
					Signature Phone #:		
,			E WWGAY FIRE PROTECTION SIgnature 7669370001/990 - FIRE SPRINKER Phone #: (352) 36 F 008/223 - FIRE ALAFAM Phone #: (352) 36			e#:(352)380-0317	
	SOLAR NA	Print Name License #:	3		SignaturePhon	e #:	
	Specialty to	Çernse	License Numbe	r Sub-Contract	ors Printed Name	sub-Contribucors Signature	
	MASON		CQU51709	9 Au Texas	25 Pedalunda	Chi Hall	
	CONCRETE FIN	ISHER	000048	LOFSTALM		Elles Stations	
*	FRAMING	,	CGC 151709	9 AN SEAS	25 PLANNING	(die Meel 1	
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*	DRYWALL		~				
*	PLASTER		/				
*	CABINET INSTA	ALLER					
*	PAINTING						
*	ACOUSTICAL C	EILING					
*	GLASS)				
*	CERAMIC TILE						
X	FLOOR COVER	NG	V				
×	ALUM/VINYL S	IDING	NA.				
X	GARAGE DOOR	}	NA				
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METAL BLDG ERECTOR

CI	1D	CONTRA	L/CDICLA	TIANI	CODRA

	SOBCOIL TRACTOR VERIFICATION FORM		
APPLICATION NUMBER _	1307-52-53 CONTRACTOR JIM ZUBER	_ PHONE	755.3608
	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		Signature			
	License #:		Phone #.			
MECHANICAL/	Print Name_		Signature			
A/5	License #:	_	Phone #: / /)		
	Print Name Ken	Rocha	Signature Conte	uhe_		
PLUMBING/ GAS 5 19	Print Name Ken License #: CFC/42	-6527	Phone #: 755-9243			
ROOFING	Print Name		Signature			
	License #.		Phone #:			
SHEET METAL	Print Name		Signature			
	License #		Phone #			
FIRE SYSTEM/	Print Name		Signature			
SPRINKLER	License#:		Phone#:			
SOLAR	Print Name		Signature			
	License #:		Phone #:			
Specialty L	cense License Num	ber Sub-Contrac	tors Printed Name Sub-C	Contractors Signature		
MASON						
CONCRETE FIN	IISHER			in which		
FRAMING						
INSULATION						
STUCCO						
DRYWALL						
PLASTER						
CABINET INST	ALLER		1111777			
PAINTING						
ACOUSTICAL C	EILING					
GLASS						
CERAMIC TILE				· · · · · · · · · · · · · · · · · · ·		
FLOOR COVER	ING					
ALUM/VINYL S	SIDING					
GARAGE DOO	R			· · · · · · · · · · · · · · · · · · ·		
METAL BLDG	RECTOR			**************************************		

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Contractor Forms, Subcontractor form 6/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1307-52-95	CONTRACTOR ACC SEASONS PLANMAPHONE (356) 862-497
THIS ECON MILET BE S	IBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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ELECTRICAL	Print Name License #:	SignaturePhone #:
MECHANICAL/ A/C	Print Name	SignaturePhone #:
PLUMBING/ GAS	Print NameLicense #:	SignaturePhone #:
ROOFING	Print NameLicense #:	SignaturePhone #:
SHEET METAL	Print NameLicense #:	SignaturePhone #:
FIRE SYSTEM/	Print Name Andrzej Ratajczyk License#: ECA001417	Signature (904-387-7573)
SOLAR	Print NameLicense #:	SignaturePhone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING	A (A		
INSULATION		State State of the Control of the Co	
STUCCO		ALLE LEAL LINE THE CONTROL OF THE CO	
DRYWALL		100000000000000000000000000000000000000	
PLASTER			7000
CABINET INSTALLER		4	
PAINTING		1	
ACOUSTICAL CEILING		The state of the s	
GLASS	1 4	A. I	
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLOG ERECTOR	1		

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