

**SUBCONTRACTOR VERIFICATION FORM**

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APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Paul Pottman PHONE \_\_\_\_\_

**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>	Print Name <u>Paul Pottman</u> License #: <u>Dunn</u>	Signature <u>[Signature]</u> Phone #: _____
<input checked="" type="checkbox"/> <b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> <b>PLUMBING/ GAS</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> <b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<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-Contractors Signature
<input checked="" type="checkbox"/> MASON			
<input checked="" type="checkbox"/> CONCRETE FINISHER			
<input checked="" type="checkbox"/> FRAMING	<u>Dunn</u>	<u>Paul Pottman</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION			
<input checked="" type="checkbox"/> STUCCO			
<input checked="" type="checkbox"/> DRYWALL	<u>Dunn</u>	<u>Paul Pottman</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PLASTER			
<input checked="" type="checkbox"/> CABINET INSTALLER			
<input checked="" type="checkbox"/> PAINTING			
<input checked="" type="checkbox"/> ACOUSTICAL CEILING			
<input checked="" type="checkbox"/> GLASS			
<input checked="" type="checkbox"/> CERAMIC TILE	<u>Dunn</u>	<u>Paul Pottman</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING			
<input checked="" type="checkbox"/> ALUM/VINYL SIDING			
<input checked="" type="checkbox"/> GARAGE DOOR			
<input checked="" type="checkbox"/> METAL BLDG ERECTOR			

**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.