## MODILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

£ = 5

Qualifier Form Attached  Qualifier Form Attach		
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 brade specific work under the permit. Per Plorida Stabuta 440 and Ordinance 83-6, a contractor shall require all subcontractors to provide evidence of workers compensation or examption, general liability insurance and a velid Gertificate of Competency license in Columbia County.  Any changes, the permitted contractor is responsible for the corrected forms being submitted to this office prior to stort of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name IAIH IHM ORTON Flee File:  Usense H: EC 13 00 2 95 7  Qualifier Form Attached  MECHANICAL  Print Name Substant Arc  Ucense H: CACOSTOSTS  Gualifier Form Attached  Signature  Signature  Signature  Signature  Signature  Signature  World D. Stabo  Phone R: 350 490 93 94  Caulifier Form Attached  Arc  Ucense H: CACOSTOSTS  Flore R: 350 490 93 94  Caulifier Form Attached  Arc  Signature		T .
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 Floride Statute 440 and Permit of the subcontractors who actually did the trade specific work under the permit. Per Floride Statute 440 and Ordinance 83-6, a contractor shall require all subcontractors to provide evidence of workers compensation or examption, general liability insurance and a veild Certificate of Competency license in Columbia County.  Any changes, the permitted contractor is responsible for the corrected farm being submitted to this office prior to stort of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name WHI Introduct Flee-Pale.  Signature  Ucense II: E C 1 3 0 0 2 9 5 7  Cualifier Form Attached  MECHANICAL  Print Name Siletto Att  Signature  Underse III (ACOSTO) Signature  Ucense III (ACOSTO) Signature  Ucense III (ACOSTO) Signature  Ucense III (ACOSTO) Signature  Underse II (ACOSTO) Signature  Underse II (AC		THIS FORM MARRY MESURIANTTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statuta 440 am Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers compensation or examption, general liability insurance and a veild Certificate of Competency license in Columbia County.  Any changes, the permitted contractor is responsible for the corrected farm being submitted to this office prior to stort of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  RECTRICAL  Print Name White Town Attached  Usense II: EC13002957  Phone II: 3869721700  Qualifier Form Attached  Cualifier Form Attached  Print Name Substitute a building permits blantifiestion of uninimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, silver proof and certify to the permit issuar that it has secured components in the employer succides for a building permit.		는 사람들이 보고 있는 사람들이 보고 있는 사람들이 되었다. 그 사람들이 보고 있는 사람들이 되었다. 그 사람들이 보고 있는 사람들이 되었다. 그 사람들이 되었
records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statuta 440 am Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers compensation or examption, general liability insurance and a veild Certificate of Competency license in Columbia County.  Any changes, the permitted contractor is responsible for the corrected farm being submitted to this office prior to stort of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  RECTRICAL  Print Name White Town Attached  Usense II: EC13002957  Phone II: 3869721700  Qualifier Form Attached  Cualifier Form Attached  Print Name Substitute a building permits blantifiestion of uninimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, silver proof and certify to the permit issuar that it has secured components in the employer succides for a building permit.	la Calumbia C	
Any changes, the permitted contractor is responsible for the corrected fams being submitted to this office prior to start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.  ELECTRICAL  Print Name Light Himpfore Fig. 1920 1937  Qualifier Form Attached  Denos 8: 1920 1937 1900  Qualifier Form Attached  Qualifier Form Attached  Qualifier Form Attached  Qualifier Form Attached  Gualifier Form Attached  Fig. 1920 1920 1937 1900  Qualifier Form Attached  Gualifier Form Attached  Gualifier Form Attached  Fig. 1920 1920 1937 1900  AC	records of the Ordinance 89-	subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or
RECEIPTOCAL  Print Name WHITM Nation  Fig. Thic Signature  Unease #: E C 1 3 0 0 2 9 5 7  Qualifier Form Attached  Print Name WHITM Name WHITM Att  Unease #: ACO 5 10 15  Phone #: 38 6 9 7 2 1 7 0 0  Qualifier Form Attached  Print Name WHITM Att  Signature  Unable D State  Phone #: 38 0 4 7 2 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Qualifier Form Attached  Phone #: 38 0 4 9 0 7 3 1 7 0 0  Phone #: 38 0 9 7 3 1 7 0 0  Pho		
Dualifier Form Attached  MECHANICAL  Print Name Sillation Are Signature Landing D. Station Phone #: 380 490 8334  Are License #: CACOSTOSTS Phone #: 380 490 8334  Qualifier Form Attached  Gualifier Form Attached  Could be supplying for and recovering a building permits store proof and certify to the permit issuar that it has secured componistion 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 parmit.	Any changes, s start of that s	the permitted contractor is responsible for the corrected form being submitted to this office prior to abcontractor beginning any work. Violations will result in stop work orders and/or fines.
Dualifier Form Attached  MECHANICAL  Print Name Sillation Are Signature Landing D. Station Phone #: 380 490 8334  Are License #: CACOSTOSTS Phone #: 380 490 8334  Qualifier Form Attached  Gualifier Form Attached  Could be supplying for and recovering a building permits store proof and certify to the permit issuar that it has secured componistion 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 parmit.		1) withmorton, Flooding sprong Bleam Whithington
MECHANICAL Print Name SHETTS At Signature Limitary D. Statist License III: CIACO 570-15 Phone III: 3350 490 9224  Qualifier Form Attached Department of the Ciaco of the Component of the Compone	ELECTRICAL	
Qualifier Form Attached  Qualifier Form Attached  Qualifier Form Attached  Qualifier Form Attached  Phone II: 350 490 9 734  Qualifier Form Attached  Phone II: 350 490 9 734  Qualifier Form Attached  Phone II: 350 490 9 734  Qualifier Form Attached  Phone II: 350 490 9 734  Qualifier Form Attached  Phone II: 350 490 9 734  Phone II: 350 490 9 7		Qualifier Form Attached
Qualifier Form Attached  [1]  F. S. 440.103 Building permits identification of infinitum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, above proof and certify to the permit issuar that at has secured componentian for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer spalles for a building permit.	MECHANICAL/	PTITE PROTECT AND THE PERSON OF THE PERSON O
E. S. 440.103 Building permits; Identification of ininimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuar that it has secured componentian for its employer under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building parmit.	NC	Uconso #: CAC057875 Phone #: 386 496 8224
F. S. 440.103 Building parmits 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 issuar that it has secured componentian 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 parmit.		Qualifier Form Attached
componention 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 parmit.		dant wast
componention 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 parmit.		
componention 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 parmit.		
time the employer applies for a building parmit,	F. S. 440.105 E	building parmits; Identification of infinitum premium policy.—Every employer shall, as a condition to
None of A 1/20/2017	Mark and Laborator States Market	A DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA
Period 6/20/2017	applying for an compensation	for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each
Revised 4/27/2017	applying for an compensation	for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each
Revised 4/27/2017	applying for an compensation	for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each over applies for a building parmit.
Revised 4/27/2017	applying for an compensation	for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each over applies for a building parmit.
Revised 4/27/2017	applying for an compensation	for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each over applies for a building parmit.
	applying for an compensation	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each over applies for a building parmit.
	applying for an compensation	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each open applies for a building parmit.
	applying for an compensation	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be preparated each over applies for a building parmit.
	applying for an compensation time the ample	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be precented each open applies for a building parmit.
	applying for an compensation time the ample	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each syes applies for a building parmit.
	applying for an compensation time the ample	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be precented each syes applies for a building parmit.
。	applying for an compensation time the ample	der its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be precented each syes applies for a building parmit.