

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1402-26 CONTRACTOR Bryan Zecher PHONE 386-752-8653
 RE: LEWIS 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.

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<input checked="" type="checkbox"/> ELECTRICAL 76	Print Name <u>Marc Matthews</u> License #: <u>EC13005459</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C 747	Print Name <u>Mark Touchstone</u> License #: <u>CACO-58099</u>	Signature <u>[Signature]</u> Phone #: <u>386-867-0625</u>
PLUMBING/GAS	Print Name <u>[Signature]</u> License #: <u>[Signature]</u>	Signature <u>[Signature]</u> Phone #: <u>[Signature]</u>
<input checked="" type="checkbox"/> ROOFING 187	Print Name <u>MacJohnson Roofing</u> License #: <u>RC 0061384</u>	Signature <u>[Signature]</u> Phone #: <u>352-472-4943</u>
SHEET METAL	Print Name <u>N/A</u> License #: <u></u>	Signature <u></u> Phone #: <u></u>
FIRE SYSTEM/SPRINKLER	Print Name <u>N/A</u> License #: <u></u>	Signature <u></u> Phone #: <u></u>
SOLAR	Print Name <u>N/A</u> License #: <u></u>	Signature <u></u> Phone #: <u></u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		N/A	
<input checked="" type="checkbox"/> CONCRETE FINISHER	00063	Daryl Spradley	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING	001141	Jeff Nichols	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	000240	Will Sikes	<u>[Signature]</u>
STUCCO		N/A	
DRYWALL			
PLASTER		N/A	
CABINET INSTALLER		N/A	
<input checked="" type="checkbox"/> PAINTING	000330	Bobby Touchton	<u>[Signature]</u>
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
CERAMIC TILE		N/A	
FLOOR COVERING		N/A	
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	000166	Mike Nicholson	<u>[Signature]</u>
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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MECHANICAL/ A/C _____	Print Name _____ License # _____	Signature _____ Phone # _____
PLUMBING/ GAS	Print Name _____ License # _____	Signature _____ Phone # _____
ROOFING	Print Name _____ License # _____	Signature _____ Phone # _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License# _____	Signature _____ Phone # _____
SOLAR	Print Name _____ License # _____	Signature _____ Phone # _____

Specialty license	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
<input checked="" type="checkbox"/> DRYWALL	001197	Valerie Massie	Valerie Massie
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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APPLICATION NUMBER _____

CONTRACTOR BRYAN LECHERPHONE 356.752.8651LEWIS

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PLUMBING/ GAS	Print Name _____ License # _____	Signature _____ Phone # _____
ROOFING	Print Name _____ License # _____	Signature _____ Phone # _____
SHEET METAL	Print Name _____ License # _____	Signature _____ Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License # _____	Signature _____ Phone # _____
SOLAR	Print Name _____ License # _____	Signature _____ Phone # _____
Specialty License	License Number	Sub Contractors Printed Name
MASON		
CONCRETE FINISHER		
FRAMING		
INSULATION		
STUCCO		
BRYWALL	000256	RON DAVID
PLASTER		
CABINET INSTALLER		
PAINTING		
ACOUSTICAL CEILING		
GLASS		
CERAMIC TILE		
FLOOR COVERING		
ALUM/VINYL SIDING		
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- NULL & VOID -

3.25.14

SUBCONTRACTOR VERIFICATION FORM

RE: Permit # 31770

APPLICATION NUMBER _____

CONTRACTOR Bryan ZecherPHONE 152-8653

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MECHANICAL/ A/C _____	Print Name _____ License # _____	Signature _____ Phone # _____
PLUMBING/ GAS	Print Name _____ License # _____	Signature _____ Phone # _____
ROOFING	Print Name _____ License # _____	Signature _____ Phone # _____
SHEET METAL	Print Name _____ License # _____	Signature _____ Phone # _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License # _____	Signature _____ Phone # _____
SOLAR	Print Name _____ License # _____	Signature _____ Phone # _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
✓ CONCRETE FINISHER	<u>1549</u>	<u>Scott Zecher</u>	<u>[Signature]</u>
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
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