

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203
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.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL A/C <u>6</u>	Print Name <u>Robert Grant</u> License #: <u>CAC 1814931</u>	Signature <u>[Signature]</u> Phone #: <u>800859 3708</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #: <u>JH 1025 386/1</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-2203</u>
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-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
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.

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CONTRACTOR

Robert Sheppard

PHONE 386-623-2203

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ELECTRICAL 210	Print Name <u>John M. Carson</u> License #: <u>EC0002038</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-8575</u>
MECHANICAL/A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/GAS	Print Name <u>Robert Sheppard</u> License #: <u>JH1025386/1</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-2203</u>
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 #: _____

MASON		
CONCRETE FINISHER		
FRAMING		
INSULATION		
STUCCO		
DRYWALL		
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CABINET INSTALLER		
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