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Print Name

SOLAR

MELINS OL GILLETY Wendy Grennell

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## SUBCONTRACTOR VERIFICATION FORM

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APPLICATION NUN	THIS FORM MUST BE SURM	TRACTOR Robert Sheppard PHONE 386-623-				
records of the s Ordinance 89-6 exemption, ger	subcontractors who actually did the tra i, a contractor shall require all subcont neral liability insurance and a valid Cert	ing work at the permitted site. It is <u>REQUIRED</u> that we have de specific work under the permit. Per Florida Statute 440 and actors to provide evidence of workers' compensation or ficate 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 Phone #:				
MECHANICAL A/C	Print Name KOOCH CTO CAC 181493	9) + Signature #1800859320X				
PLUMBING/ GAS	Print Name Robart Sheptons License #: # 1025 386/1	Signature				
ROOFING	Print NameLicense #:	SignaturePhone #:				
SHEET METAL	Print Name Dicense #:	Signature Phone II:				
FIRE SYSTEM/ SPRINKLER	Print Name_ License#:	Signature Phone #:				

Lie	License #:		Phone #:	
Specialty Lice	rje «iCcf"i	· Varite' 545-C	Contribute Sprinted Stime	Sub Contracto : 5 post are
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DRYWALL				
PLASTER				
CABINET INSTALL	ER			1
PAINTING				1
ACOUSTICAL CEIL	LING			
GLASS				1
CERAMIC TILE				1
FLOOR COVERM				
ALUM/VINTE SID	ING			
GARAGE DOOR			****	
METAL BLOG ER	ECTOR			dialog \$6

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 Contractor farms: Subconsepctor form: 6/89 time the employer applies for a building permit.

STUCCO DRYWALL PLASTER

PAINTING

CERAMIC TILE
FLOOR COVERING
ALUM/VINTL SIDING

GLASS

CABINET INSTALLER

ACOUSTICAL CEILING

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## SUSCONTRACTOR VERIFICATION FORM

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	THIS FORM MUST BE SUBMITTED PRICE	TO THE ISSUANCE OF A PETRMIT
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Any changes, t start of that su	he permitted contractor is responsible for the co beontractor beginning any work. Violations will	precised form being submitted to this office prior to the lessift in stop week orders and/or figure
ELECTRICAL 210	Print Name John M. Courson License #: ECOO 2038	Signature 4:380-752-8575
MECHANICAL/	Print Name	Signal frePtrone #:
PLUMBING/ GAS	Print Name Robert Shaper License #: 11 1025 356/1	Signature 1018 Stephen Phone 8: 386-623-2203
ROOFING	Print Name License #:	Signature Phone 8:
SHEET METAL	Print Name bicanse #:	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name Licensed:	Signature Phone #:
SOLAR	Print Name_ License #:	Signature Phone #:
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FRAMING		
INSULATION		

METAL BLDG ERECTOR

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