

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-17 CONTRACTOR BSN Enterprises, LLC PHONE 321-501-925
 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"/> ELECTRICAL 476	Print Name <u>LYN DON RAINBOLT</u> License #: <u>EC13001835</u>	Signature <u>[Signature]</u> Phone #: <u>386-867-1004</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>LYN DON RAINBOLT</u> License #: <u>RA0066590</u>	Signature <u>[Signature]</u> Phone #: <u>386-867-1004</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS 298	Print Name <u>Don Batts</u> License #: <u>RF11067418</u>	Signature <u>[Signature]</u> Phone #: <u>386-754-6140</u>
ROOFING	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
SHEET METAL	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u> License #:	Signature _____ Phone #:
SOLAR	Print Name <u>N/A</u> License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<u>N/A</u>		
<input checked="" type="checkbox"/> CONCRETE FINISHER 1912	<u>CGC1510797</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING 1412	<u>CGC1510797</u>		
INSULATION	<u>N/A</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
STUCCO	<u>N/A</u>		
<input checked="" type="checkbox"/> DRYWALL 1412	<u>CGC1510797</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
PLASTER	<u>N/A</u>		
CABINET INSTALLER	<u>CGC1510797</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING 1912	<u>CGC1510797</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> ACOUSTICAL CEILING	<u>000323</u>	<u>NORTH FLORIDA Acoustics LLC</u>	<u>[Signature]</u>
GLASS	<u>N/A</u>		
CERAMIC TILE	<u>N/A</u>		
<input checked="" type="checkbox"/> FLOOR COVERING 1412	<u>CGC1510797</u>	<u>BSN Enterprises</u>	<u>[Signature]</u>
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

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.