## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM.

	R CONTRACTOR	PHONE
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF	A PERMIT
ecords of the su Ordinance 89-6.	nty one permit will cover all trades doing work at the permitted single abcontractors who actually did the trade specific work under the plus a contractor shall require all subcontractors to provide evidence of eral liability insurance and a valid Certificate of Competency license.	ermit. Per Florida Statute 440 and of workers' compensation or
	he permitted contractor is responsible for the corrected form being beontractor beginning any work. Violations will result in stop wor	
ELECTRICA!	Print Name Glenn Whittenaton Signature &	les Whethere
ELECTRICAL	Print Name Glenn Whitfington Signature &  License #: ECI3002957 Phone #: BB  Company Name: Whitfington Electric Qualifier Form A	6 1084 41601 O
ELECTRICAL  MECHANICAL	License #: £C13002957 Phone #: 38  Company Name: White Agree Elutic Qualifier Form A	6 1084 41601 O

**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.

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER		CONTRACTOR	PHONE
	THIS FORM	MUST BE SUBMITTED PRIOR TO THE IS	SUANCE OF A PERMIT
		; ;	
records of the s	subcontractors who actua	ally did the trade specific work users all subcontractors to provide	ermitted site. It is <u>REQUIRED</u> that we have nder the permit. Per Florida Statute 440 and evidence of workers' compensation or ency license in Columbia County.
start of that su	ibcontractor beginning a	ny work. Violations will result i	form being submitted to this office prior to the n stop work orders and/or fines.
ELECTRICAL	1		nature
	License #:	-	SIE #-
	Company Name:	Qua	lifier Form Attached
MECHANICAL/	Print Name Michellicense #: CACIBI Company Name: ACE	7716 Ph	one #: 352 274.9326

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