

## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER John Goss CONTRACTOR Paul Wright PHONE 386-  
1404-26 365-5314

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 <u>Sue Ann Goss</u>	Signature <u>Sue Ann Goss Homeowner</u>
	License #: <u>Home Owner</u>	Phone #: <u>386-965-5183</u>
MECHANICAL A/C <u>✓</u>	Print Name <u>Atlantic Service/Bug Camp</u>	Signature <u>Paul Wright</u>
	License #: <u>CAC 1814931</u>	Phone #: <u>850-859-3702</u>
PLUMBING/ GAS	Print Name <u>Sue Ann Goss</u>	Signature <u>Sue Ann Goss Homeowner</u>
	License #: <u>Home Owner</u>	Phone #: <u></u>

Specialty License	License Number	Subcontractor's Printed Name	Subcontractor's Signature
MASON			
CONCRETE FINISHER			

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, it has secured compensation for its employees under a policy of workers' compensation insurance, and it shall be presented each time the employer applies for a building permit.

FAX TO ATLANTIC

FAX TO SUE HAVE HER SIGN  
4/8/14

Contractor Form; Subcontractor Form; U11