MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NU | MBER CONTRACTOR Fermon Jores PHONE 352-318-4711 |
|------------------------------------|--|
| | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT |
| records of the Ordinance 89- | ounty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and 6, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County. |
| Any changes, i start of that su | the permitted contractor is responsible for the corrected form being submitted to this office prior to the observation beginning any work. Violations will result in stop work orders and/or fines. |
| ELECTRICAL | Print Name Re Be of Solve for Signature License #: OB Phone #: 305 773 11 10 Qualifier Form Attached |
| MECHANICAL/ A/C | Print Name Wildaw unit Signature License #: Phone #: |
| | Qualifier Form Attached |

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.