MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

PLICATION NUMB	R	CONTRACTOR Dale	Houston	PHONE_386- 623-
	THIS FORM MUST	BE SUBMITTED PRIOR TO THE	ISSUANCE OF A PERMIT	
records of the s Ordinance 89-6 exemption, gen Any changes, t	nty one permit will cover all to be absoluted by the last of the l	d the trade specific work subcontractors to provide valid Certificate of Compe sponsible for the corrected	under the permit. Per e evidence of workers' tency license in Columb d form being submitted	Florida Statute 440 and compensation or bia County. d to this office prior to the
ELECTRICAL	Print Name Glan Whit License #: SCI30039 Company Name: White	Fraton sie 157 Pr		Whethersh
MECHANICAL/	Print Name	Si	ignature	
A/C	License #:	P	hone #:	

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.

Qualifier Form Attached

Company Name: _

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APPLICATION NUM	SER CONTRACTOR PHONE			
	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 <u>REQUIRED</u> 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 NameSignature License #:Phone #: Company Name:Qualifier Form Attached			
MECHANICAL/	Print Name Hickael Boland Signature Micks 822 License #: CAC1917716 Phone #: 352 274-9326 Company Name: ACE ACC Coala Qualifier Form Attached			
Landaussenschaften der State der Stat				

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