MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	MBER	CONTRACTOR Polocit	Sheppord	PHONE (384)623-2203
	THIS FORM MUS	ST BE SUBMITTED PRIOR TO THE 155	the state of the s	
Any changes, t	the permitted contractor is re	I trades doing work at the per did the trade specific work und Il subcontractors to provide ex valid Certificate of Competen esponsible for the corrected for work. Violations will result in	der the permit. Per Fi vidence of workers' o cy license in Columbi orm being submitted	orida Statute 440 and ompensation or a County.
ELECTRICAL	Print Name WAfre LA	Phone Caroline	ser Form Attached	-06
MECHANICAL/	Print Name Ron E License #: CAC 18191 Company Name: Skyle	phone phone		6 Bonds -8664

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.