

**SUBCONTRACTOR VERIFICATION FORM**

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APPLICATION NUMBER 1208-75 CONTRACTOR O'NEAL CONTRACTING, INC. PHONE (386)752-7578

**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.**

<input checked="" type="checkbox"/> ELECTRICAL 76	Print Name <u>Marc Matthews</u> License #: <u>ER-0014352</u>	Signature <u>[Signature]</u> Phone #: <u>386-344-2029</u>
<input type="checkbox"/> MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input checked="" type="checkbox"/> PLUMBING/ GAS 795	Print Name <u>Mark Dawson</u> License #: <u>CFE 1427245</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-6467</u>
<input type="checkbox"/> ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
<input checked="" type="checkbox"/> INSULATION 511	CBC057550	JOHN W. O'NEAL	<u>[Signature]</u>
<input checked="" type="checkbox"/> STUCCO			
<input checked="" type="checkbox"/> DRYWALL 511	CBC057550	JOHN W. O'NEAL	<u>[Signature]</u>
<input type="checkbox"/> PLASTER			
<input checked="" type="checkbox"/> CABINET INSTALLER	000745	John Milton w.c.	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING 511	CBC057550	JOHN W. O'NEAL	<u>[Signature]</u>
<input type="checkbox"/> ACOUSTICAL CEILING			
<input type="checkbox"/> GLASS			
<input checked="" type="checkbox"/> CERAMIC TILE	1263	Marcel Van	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING	710	Marcel Van	<u>[Signature]</u>
<input type="checkbox"/> ALUM/VINYL SIDING			
<input type="checkbox"/> GARAGE DOOR			
<input type="checkbox"/> METAL BLDG ERECTOR			

**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.