

fill out when copy for other county

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR TNT Metal Buildings Inc PHONE 336-789-3218 Book
 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>Hayward Christie</u> Signature: _____ License #: <u>Owner</u> Phone #: <u>755-3408</u> |
| MECHANICAL/ A/C | Print Name: <u>Hayward Christie</u> Signature: _____ License #: <u>Owner</u> Phone #: <u>755-3408</u> |
| PLUMBING/ GAS | Print Name: <u>Hayward Christie</u> Signature: _____ License #: <u>Owner</u> Phone #: <u>755-3408</u> |
| ROOFING | Print Name: <u>N/A</u> Signature: _____ License #: _____ Phone #: _____ |
| SHEET METAL | Print Name: <u>N/A</u> Signature: _____ License #: _____ Phone #: _____ |
| FIRE SYSTEM/ SPRINKLER | Print Name: _____ Signature: _____ License #: _____ Phone #: _____ |
| SOLAR | Print Name: <u>N/A</u> Signature: _____ License #: _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | <u>218</u> | <u>Tony Jordan</u> | <u>[Signature]</u> |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | <u>N/A</u> | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | <u>N/A</u> | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | <u>(390)</u> | | |
| METAL BLDG ERECTOR | <u>see 131149818</u> | <u>Tommy Brenton Bowman</u> | <u>[Signature]</u> |

need w/c & liability

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.

Contractor forms, Subcontractor forms, 8/09

fax back to 758-2160

fax 754-3609