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## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1211-14

CONTRACTOR EDGLEY CONSTRUCTIONPHONE 386-752-0580

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"/> <b>ELECTRICAL</b> 037	Print Name <u>DONALD HOLLINGSWORTH</u> License #: <u>13012377</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-5944</u>
<input checked="" type="checkbox"/> <b>MECHANICAL/A/C</b> 138	Print Name <u>LAMAR BOOZER</u> License #: <u>RA0035027</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-6700</u>
<input checked="" type="checkbox"/> <b>PLUMBING/GAS</b> 714	Print Name <u>MARK BARRS</u> License #: <u>CFC057219</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-8656</u>
<input checked="" type="checkbox"/> <b>ROOFING</b> 0534	Print Name <u>DARIN L SUMMERLIN</u> License #: <u>CCC1326192</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-5426</u>
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SOLAR</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
<input checked="" type="checkbox"/> MASON	000620	BRANT STEVENS	<u>[Signature]</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	000028	Gregory Scott Reeves	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING 602	CRC022354	WILLIAM GUERNSEY	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	000240	WILLIAM SIKES	<u>[Signature]</u>
STUCCO			
<input checked="" type="checkbox"/> DRYWALL	001177	JOSEPH AMBROS	<u>[Signature]</u>
PLASTER			
* CABINET INSTALLER			
PAINTING	000632	JOHN M BISPHAM	<u>[Signature]</u>
ACOUSTICAL CEILING			
<input checked="" type="checkbox"/> GLASS	000618	CARL BULLARD JR	<u>[Signature]</u>
<input checked="" type="checkbox"/> CERAMIC TILE	000214	JAMES L RIX JR	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING	000546	RYAN HARDING	<u>[Signature]</u>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	001214	JONATHAN NORRIS	<u>[Signature]</u>
<input checked="" type="checkbox"/> GARAGE DOOR	000619	CARL BULLARD JR	<u>[Signature]</u>
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.

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<input checked="" type="checkbox"/> 714 PLUMBING/ GAS	Print Name <u>MARK BARRS</u> License #: <u>CFC057219</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-8656</u>
<input checked="" type="checkbox"/> 534 ROOFING	Print Name <u>DARIN L SUMMERLIN</u> License #: <u>CCC1326192</u>	Signature <u>[Signature]</u> Phone #: <u>386-288-5426</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
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<input checked="" type="checkbox"/> CONCRETE FINISHER	000028	GREGORY SCOTT REEVES	<u>[Signature]</u>
<input checked="" type="checkbox"/> FRAMING	CRC022354	WILLIAM GUERNSEY	<u>[Signature]</u>
<input checked="" type="checkbox"/> INSULATION	000240	WILLIAM STIKES	<u>[Signature]</u>
<input checked="" type="checkbox"/> STUCCO	N/A		
<input checked="" type="checkbox"/> DRYWALL	001177	JOSEPH AMBROS	<u>[Signature]</u>
<input checked="" type="checkbox"/> PLASTER	N/A		
<input checked="" type="checkbox"/> CABINET INSTALLER	000103	JOHN D JENKINS	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING	000632	JOHN M BISPHAM	<u>[Signature]</u>
<input checked="" type="checkbox"/> ACOUSTICAL CEILING			
<input checked="" type="checkbox"/> GLASS	000618	CARL BULLARD JR	<u>[Signature]</u>
<input checked="" type="checkbox"/> CERAMIC TILE	000214	JAMES L RIX JR	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING	000546	RYAN HARDING	<u>[Signature]</u>
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12-17-12

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Edgley Construction

PHONE

752-0580

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<b>MECHANICAL/ A/C</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>PLUMBING/ GAS</b>	Print Name <u>Dan 13115</u> License #: <u>RF 11067418</u>	Signature <u>Dan</u> Phone #: <u>386-754-6140</u>
<b>ROOFING</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>SHEET METAL</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ License #: _____	Signature _____ Phone #: _____
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CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
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