

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1311-51 CONTRACTOR Bryan Zecher PHONE 386-752-8653
 RE: CCBA/Spec 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>EC -13005459</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 344-2029</u>
<input checked="" type="checkbox"/> MECHANICAL/A/C 487	Print Name <u>Glenn I. Jones A/C</u> License #: <u>CAC051486 corrected ONE</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 752-5389</u>
<input type="checkbox"/> PLUMBING/GAS	Print Name <u>see additional form</u> License #:	Signature _____ Phone #:
<input checked="" type="checkbox"/> ROOFING 187	Print Name <u>Mac Johnson Roofing</u> License #: <u>RC 0061384</u>	Signature <u>[Signature]</u> Phone #: <u>(352) 412-4943</u>
<input type="checkbox"/> SHEET METAL	Print Name <u>none</u> License #:	Signature _____ Phone #:
<input type="checkbox"/> FIRE SYSTEM/SPRINKLER	Print Name <u>none</u> License #:	Signature _____ Phone #:
<input type="checkbox"/> SOLAR	Print Name <u>none</u> License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	_____	<u>none</u>	_____
<input checked="" type="checkbox"/> CONCRETE FINISHER	<u>000310</u>	<u>Larry Parrish</u>	<u>[Signature]</u>
FRAMING	_____	<u>see additional form</u>	_____
<input checked="" type="checkbox"/> INSULATION	<u>000240</u>	<u>Will Sikes</u>	<u>[Signature]</u>
STUCCO	_____	<u>none</u>	_____
<input checked="" type="checkbox"/> DRYWALL 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
PLASTER	_____	<u>none</u>	_____
<input checked="" type="checkbox"/> CABINET INSTALLER 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> PAINTING 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
ACOUSTICAL CEILING	_____	<u>none</u>	_____
GLASS	_____	<u>none</u>	_____
<input checked="" type="checkbox"/> CERAMIC TILE 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> FLOOR COVERING 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> GARAGE DOOR 853	<u>CBC054575</u>	<u>Bryan Zecher</u>	<u>[Signature]</u>
METAL BLDG ERECTOR	_____	<u>none</u>	_____

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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BRYAN ZECHER CONST

PAGE 02/02

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS 736	Print Name <u>Lake City Plumbing, Inc</u> License #: <u>CFC1428686</u>	Signature <u>[Signature]</u> Phone #: <u>386-752-0776</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1311-51

CONTRACTOR

Bryan Zecher

PHONE

386-752-8653

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

MASON			
CONCRETE FINISHER			
FRAMING	000283	Jonathan Norris	J. Norris
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.108 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 license subcontractor form 2/00

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ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
✓ MECHANICAL/ A/C 487	Print Name <u>Glenn I. Jones, Jr.</u> License #: <u>CACO 51486</u>	Signature <u>[Signature]</u> Phone #: <u>391-752-5389</u>
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER			
FRAMING			
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PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
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