

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1403-16

CONTRACTOR

Paul Albright

PHONE 386-365-5314

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 in 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>Donna L. Hollis</u>	Signature: <u>[Signature]</u>
<u>37</u>	License #: <u>EC 1300545</u>	Phone #: <u>386-365-5314</u>
☒ MECHANICAL/A/C	Print Name: <u>Robert Grant</u>	Signature: <u>[Signature]</u>
<u>6-10</u>	License #: <u>CAC 814931</u>	Phone #: <u>860-859-3708</u>
☒ PLUMBING/GAS	Print Name: <u>Paul Albright</u>	Signature: <u>[Signature]</u>
	License #: <u>TH 1025237</u>	Phone #: <u>365-5314</u>

MASON			
CONCRETE FINISHER			

F. S. 440.10(3) 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's Policy or Designation Form, 1/11