

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR Frank M. Burrows PHONE 361.318.6807

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.**

<b>ELECTRICAL</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<b>MECHANICAL/ A/C</b>	Print Name: <u>Frank Burrows</u> License #: _____	Signature: <u>Frank Burrows</u> Phone #: <u>361-318-6507</u>
<b>PLUMBING/ GAS</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<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 #: _____
<b>SOLAR</b>	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<u>N/A</u>	_____	_____
CONCRETE FINISHER	<u>N/A</u>	_____	_____
FRAMING	<u>N/A</u>	_____	_____
INSULATION		<u>Frank Burrows</u>	_____
STUCCO	_____	_____	_____
DRYWALL	_____	_____	_____
PLASTER	_____	_____	_____
CABINET INSTALLER	_____	_____	_____
PAINTING	_____	_____	_____
ACOUSTICAL CEILING	<u>N/A</u>	_____	_____
GLASS	<u>N/A</u>	_____	_____
CERAMIC TILE	_____	_____	_____
FLOOR COVERING	_____	_____	_____
ALUM/VINYL SIDING	_____	_____	_____
GARAGE DOOR	_____	_____	_____
METAL BLDG ERECTOR	<u>N/A</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.