

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1212-01 CONTRACTOR _____ PHONE _____

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>MA</u> Signature _____ License #: _____ Phone #: _____
MECHANICAL/ A/C	Print Name _____ Signature _____ License #: _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Frank Gasparini</u> Signature _____ License #: _____ Phone #: _____
ROOFING	Print Name _____ Signature _____ License #: _____ Phone #: _____
SHEET METAL	Print Name _____ Signature _____ License #: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____ Phone #: _____
SOLAR	Print Name _____ Signature _____ License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER	000310	Larry Pennish	[Signature]
FRAMING - <u>Erector</u>	<u>CGC006709</u>	[Signature]	[Signature]
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

30689

CONTRACTOR

FRAN/ GASTARRINI, IV.

PHONE

386.697.6152

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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 #: _____
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Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
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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	643 CBC659548	Robert Brett Parrish Union Lasteel Metal Bldgs, Inc.	[Signature]

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