MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	MBER 49690 CONTRACTOR RED	hey Carmidhead	PHONE 954-364-6383
	THIS FORM MUST BE SUBMITTED PRIOR TO	THE ISSUANCE OF A PERMIT	
records of the Ordinance 89-exemption, ge	ounty one permit will cover all trades doing work at a subcontractors who actually did the trade specific was a contractor shall require all subcontractors to proper neral liability insurance and a valid Certificate of Contractor is responsible for the correspondence of the corresponde	ork under the permit. Per Flooride evidence of workers' competency license in Columbia	orida Statute 440 and ompensation or a County. to this office prior to the
ELECTRICAL	Print Name Glenn Whithington License #: EC 13002957 Qualifier Form Attached	Signature <u>Molan</u> White Phone #: <u>3869721</u>	
MECHANICAL/	Print Name Ronald Bonds License #: CAC 1817658 Qualifier Form Attached	Signature Phone #:	

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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NU	IMBER 49690 CONTRACTOR Ptg	Iney Carmidneal	PHONE 904-364-63
	THIS FORM MUST BE SUBMITTED PRIOR T	O THE ISSUANCE OF A PERMIT	
Precords of the Ordinance 89-exemption, get Any changes,	ounty one permit will cover all trades doing work at subcontractors who actually did the trade specific vectors are contractor shall require all subcontractors to prepare liability insurance and a valid Certificate of Contractor is responsible for the corrubcontractor beginning any work. Violations will responsible for the corrubcontractor beginning any work.	work under the permit. Per Flo ovide evidence of workers' competency license in Columbia	rida Statute 440 and mpensation or County.
	Print Name Glenn Whittington License #: EC 13002957 Qualifier Form Attached	Signature Phone #:	or Jines.
MECHANICAL/	Print Name Ronald Bonds License #: CAC 1817658 Qualifier Form Attached	Signature	1/2/2 5553

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.