

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Rusty Korales PHONE 386-397-0886

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>Glenn Whittington</u> License #: <u>SC13002957</u> Company Name: <u>Whittington Electric</u>	Signature <u>Glenn Whittington</u> Phone #: <u>386 684 4601</u> <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name _____ License #: _____ Company Name: _____	Signature _____ Phone #: _____ <input type="checkbox"/> Qualifier Form Attached

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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APPLICATION NUMBER _____ CONTRACTOR Rusty Knowles PHONE 386-397-0886

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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 _____ License #: _____ Company Name: _____	Signature _____ Phone #: _____ <input type="checkbox"/> Qualifier Form Attached
MECHANICAL/ A/C _____	Print Name <u>Michael Boland</u> License #: <u>CAC1817716</u> Company Name: <u>ACE A/C of Ocala</u>	Signature <u>Michael Boland</u> Phone #: <u>352 274-9326</u> <input type="checkbox"/> Qualifier Form Attached

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