		1	SUBCONTRACTOR VER	FICATION FORM		7
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start of that s	ubcontractor	beginning any	work. Violations wil	l result in stop w	ork orders and or fi	nes.
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MECHANICAL/ A/C	Print Name	4.C.E. H	eat & Air	SignatureP	none #: 1-386 "49	17:22 16
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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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SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _	1304-61	CONTRACTOR Flagskip Contract Services, In 2 THONE 904	237-8127
	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 <u>REQUIRED</u> 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.

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THE STATE OF THE S		1000		Phone	e #:		
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APPLICATION NUMBER	1304-61	CONTRACTOR Flagship Contract Serv	PHONEON4-237-
	THIS FORM MUST BE	SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT	8727

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		CONTRACTOR VERIFICATION FORM	-
APPLICATION NUMBER	30 4 6) THIS FORM MUST BE	CONTRACTOR Flagship Contract Ser	MICHERTY-237-

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ELECTRICAL			Electric Inc	Signature	
	License #:	ER-130	312 447		Phone #: 904. 737-4040
MECHANICAL/	Print Nam	A,C,E,	teat & Air	Signature	
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GAS	License #:		823 4	7	Phone #: 1.386.434.1407
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APPLICATION NUMBER

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start of that sub	Communic	n beginning any	work. Violations v	mi resuit in see	op work or	acis and or fines.	
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PAGE 02

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APPLICATION NUMBER	1304-61	CONTRACTOR Flenchin Contract S	PHONE 904-237-
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	The second secon	
ELECTRICAL	Print Name Schuman Electric, Inc., License #: ED = 13012 447	SignaturePhone #: 904, 737-4040
MECHANICAL/ A/C	Print Name <u>A. C. E.</u> Heat 4 A1 r License #: CACO58 170	SignaturePhone #: 1-386 ° 487 ° 22.16
PLUMBING/ GAS	Print Name High Springs Plumbing License #: CFC1 42823 4	Signature
ROOFING	Print Name Hagsh in Contrad Services, In License #: CCC 032520	Signature // (pres) Phone #: 904, 237, 8127
SHEET METAL	Print Name	Signature Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name	Signature Phone #:
SOLAR	Print Name	SignaturePhone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	46023981	Flagship Contract Services In	2/ Mom (Pres
CONCRETE FINISHER	coco23981	Flagship Contact Services, In	
FRAMING	CGC023981	Flogship Contract Services, Inc	Dhman (Pres)
INSULATION		Willis Sikes	
STUCCO	NA	1	
DRYWALL	-/-		
PLASTER	NA		
CABINET INSTALLER	06023981	Flagship Contract Services,	tue Momen (Pres)
PAINTING		1	1111111
ACOUSTICAL CEILING	NIA	11-10	
GLASS		whit ried windows	1 1
CERAMIC TILE		Flagship Contract Services	Ino Waller (Pres)
FLOOR COVERING	,	757	11/11/11
ALUM/VINYL SIDING	NA		
GARAGE DOOR	NA		
METAL BLDG ERECTOR	NA		

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. Contractor Forms: Subcontractor form: 6/09

PAGE 01/01 PG 6

racords of the Ordanance 89-	subcontracto	rs who actually di w shall require all	d the trade specific	work under wovide evide	the permit. Pe nce of worker	<u>EQUITED</u> that we have or Florida Scatute 440 and of compensation or mbia County.	
Any changes, start of that s	the permitted abcontractor	l contractor is res beginning any w	pansible for the co ork. Violations will	rrected form result in stop	being submit work orders	ted to this office prior to the and/or fixes.	
ELECTRICAL	Print Name o	T 10 1 -00 -00 /	2 447 The	Signature	Phone #: 90	4.737.4040	
MECHANICAL A/C _A2B	Print: Name_ Licensu R:	Print Name A. G. E. Hear & Air		Signature	Signature Tom Bucchi (Pres)		
PLUMBING/ GAS Z	Print Name_ License R	High Sprin	95 Plumber	sienature	Harris Holl	1 Do Pets 386:454.1407	
ROOFING	Prior Name I License #:	Plansky Cont		To Senature	Prone to ope	4,237,8127	
Sheet Metal	Print Name_ Liczuse #:	NA	- 146-146-146-146-146-146-146-146-146-146-	Signature	Phone II:		
FIRE SYSTEM/ SPRINKLER	Print Name_ Licenser:			Signature	SignaturePhone #:		
SOLAR	Print Name_ License #	ufk		Signature	Phone 4:		
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GLAS6		- Report					
CERAMIC TIL						1000	
FLOOR COVE						V 777	
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ALUM/VINYL	- Marie House	10/14					
METAL BLDG		11/18				AL PROPERTY AND ALL PRO	
	ERECTOR	PK 1/8					