

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

1304.61

CONTRACTOR

Flagship Contract Services, Inc.
PHONE 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 **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.

<input checked="" type="checkbox"/> ELECTRICAL 766	Print Name: Schuman Electric, Inc. License #: ER-13012447	Signature: [Signature] Phone #: 904.737-4040
<input type="checkbox"/> MECHANICAL/ A/C	Print Name: A.C.E. Heat & Air License #: CAC050170	Signature: [Signature] Phone #: 1-386-497-2216
<input checked="" type="checkbox"/> PLUMBING/ GAS 441	Print Name: High Springs Plumbing & Air Inc. License #: CFC1428234	Signature: [Signature] Phone #: 1-386-454-1407
<input checked="" type="checkbox"/> ROOFING 1391	Print Name: Flagship Contract Services, Inc. License #: CCC032520	Signature: [Signature] (pres) Phone #: 904.237.8127
<input type="checkbox"/> SHEET METAL	Print Name: N/A License #: N/A	Signature: _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name: N/A License #: N/A	Signature: _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name: N/A License #: N/A	Signature: _____ Phone #: _____

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pg 6
*
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Specialty License	License Number	Sub-Contractor's Printed Name	Sub-Contractor's Signature
MASON			
CONCRETE FINISHER	N/A		
FRAMING			
INSULATION			
STUCCO	N/A		
DRYWALL			
PLASTER	N/A		
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING	N/A		
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	N/A		
GARAGE DOOR	N/A		
METAL BLDG ERECTOR	N/A		

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 Form Subcontractor Form 6/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-61 CONTRACTOR Flagship Contract Services, Inc PHONE 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 **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.

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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 #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING	001235	Norris Trim & Decks, LLC	John - Manager
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING	001237	Norris Trim & Decks, LLC	John - Manager
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

1304-61

Flashin Contract Services, Inc. PHONE 914-2

PHONE 024-237-

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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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 <u>Schuman Electric, Inc.</u>	Signature _____
	License #: <u>ER-13012447</u>	Phone #: <u>904.737.4040</u>
MECHANICAL/ A/C	Print Name <u>A.C.E. Heat & Air</u>	Signature _____
	License #: <u>CAC050170</u>	Phone #: <u>1-386.487.2216</u>
PLUMBING/ GAS	Print Name <u>High Springs Plumbing & Air, Inc.</u>	Signature _____
	License #: <u>CPC1428234</u>	Phone #: <u>1-386.434.1407</u>
ROOFING	Print Name <u>Flagship Contract Services, Inc.</u>	Signature <u>J. M. (pres)</u>
	License #: <u>CCC-032520</u>	Phone #: <u>904.237.8127</u>
SHEET METAL	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____
SOLAR	Print Name <u>N/A</u>	Signature _____
	License #: _____	Phone #: _____

Section	Item Number	Subcontractor Name	Subcontractor Address
MASON	1390	CBC02398/	Flagship Contract Services, Inc. (Pres)
CONCRETE FINISHER	1390	CBC02398/	Flagship Contract Services, Inc. (Pres)
FRAMING	1390	CBC02398/	Flagship Contract Services, Inc. (Pres)
INSULATION		Willis S. Kes	
STUCCO		N/A	
DRYWALL			
PLASTER		N/A	
CABINET INSTALLER	1390	CBC02398/	Flagship Contract Services, Inc. (Pres)
PAINTING		001235	Norris Trim & Decks, LLC Donna Norris
ACOUSTICAL CEILING		N/A	
GLASS		Whitefield Windows & Doors, Inc.	
CERAMIC TILE		Flagship Contract Services, Inc.	(Pres)
FLOOR COVERING		001237	Norris Trim & Decks, LLC Donna Norris
ALUM/VINYL SIDING		N/A	
GARAGE DOOR		N/A	
METAL BLDG ERECTOR		N/A	

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Contractor Form; Subcontractor Form; 6/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 130461CONTRACTOR Flagship Contract Services, Inc. PHONE 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 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.

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ELECTRICAL	Print Name <u>Schuman Electric, Inc.</u> Signature _____ License #: <u>ER-13012447</u> Phone #: <u>904.937.4040</u>
MECHANICAL/ A/C	Print Name <u>A.C.E. Heat & Air</u> Signature _____ License #: <u>CAC050170</u> Phone #: <u>1-386-497-2216</u>
PLUMBING/ GAS	Print Name <u>High Springs Plumbing & Air Inc</u> Signature _____ License #: <u>CFC1428234</u> Phone #: <u>1-386-434-1407</u>
ROOFING	Print Name <u>Flagship Contract Services, Inc.</u> Signature <u>[Signature]</u> (Pres) License #: <u>CCC032520</u> Phone #: <u>904.237.8127</u>
SHEET METAL	Print Name <u>N/A</u> Signature _____ License #: _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u> Signature _____ License #: _____ Phone #:
SOLAR	Print Name <u>N/A</u> Signature _____ License #: _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub Contractors Signature
MASON	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>[Signature] (Pres)</u>
CONCRETE FINISHER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>[Signature] (Pres)</u>
FRAMING	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>[Signature] (Pres)</u>
INSULATION			
STUCCO	<u>N/A</u>		
✓ DRYWALL	<u>000697</u>	<u>JACKSON DRYWALL INC.</u>	<u>[Signature]</u>
PLASTER	<u>N/A</u>		
CABINET INSTALLER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>[Signature] (Pres)</u>
PAINTING			
ACOUSTICAL CEILING	<u>N/A</u>		
* GLASS		<u>Whitefield Windows & Doors, Inc.</u>	
CERAMIC TILE		<u>Flagship Contract Services, Inc.</u>	<u>[Signature] (Pres)</u>
FLOOR COVERING			
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

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Contractor Form: Subcontractor form: 6/09

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER

130461

CONTRACTOR

Flagship Contract Services, Inc.
PHONE 904-237-8127

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ELECTRICAL	Print Name <u>Schuman Electric, Inc.</u>	Signature _____	License #: <u>ER-13012447</u>	Phone #: <u>904.737.4040</u>
MECHANICAL/ A/C	Print Name <u>A.C.E. Heat & Air</u>	Signature _____	License #: <u>CAC050170</u>	Phone #: <u>1-386-497-2216</u>
PLUMBING/ GAS	Print Name <u>High Springs Plumbing & Air Inc.</u>	Signature _____	License #: <u>CFC1428234</u>	Phone #: <u>1-386-454-1407</u>
ROOFING	Print Name <u>Flagship Contract Services, Inc.</u>	Signature <u>Jb Madsen (pres)</u>	License #: <u>CCC 032520</u>	Phone #: <u>904.237.8127</u>
SHEET METAL	Print Name <u>N/A</u>	Signature _____	License #: _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u>	Signature _____	License #: _____	Phone #: _____
SOLAR	Print Name <u>N/A</u>	Signature _____	License #: _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
CONCRETE FINISHER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
FRAMING	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
INSULATION			
STUCCO	<u>N/A</u>		
DRYWALL			
PLASTER	<u>N/A</u>		
CABINET INSTALLER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
PAINTING			
ACOUSTICAL CEILING	<u>N/A</u>		
* GLASS	<u>SCE131150877</u>	<u>Whitefield Windows & Doors, Inc.</u>	<u>Christa Whitefield</u>
CERAMIC TILE		<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
FLOOR COVERING			
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

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Contractor Forms: Subcontractor forms: 5/09

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FLAGSHIP

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	License #: <u>ER-13012447</u>		
MECHANICAL/ A/C	Print Name: <u>A.C.E. Heat & Air</u>	Signature: _____	Phone #: <u>1-386-487-2216</u>
	License #: <u>CAC050170</u>		
PLUMBING/ GAS	Print Name: <u>High Springs Plumbing & Air Inc.</u>	Signature: _____	Phone #: <u>1-386-454-1407</u>
	License #: <u>CFC1428234</u>		
ROOFING	Print Name: <u>Flagship Contract Services, Inc.</u>	Signature: <u>Jb Madsen (Pres)</u>	Phone #: <u>904.237.8127</u>
	License #: <u>CCC032520</u>		
SHEET METAL	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		
FIRE SYSTEM/ SPRINKLER	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		
SOLAR	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		

Spec. Subcontractor	License Number	Sub Contractor's Printed Name	Sub Contractor's Signature
MASON	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
CONCRETE FINISHER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
FRAMING	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
INSULATION	<u>000240</u>	<u>Sikes Enviroseal Insulation, Inc.</u>	<u>Tanya C. Sikes (Sec)</u>
STUCCO	<u>N/A</u>		
DRYWALL			
PLASTER	<u>N/A</u>		
CABINET INSTALLER	<u>CC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
PAINTING			
ACOUSTICAL CEILING	<u>N/A</u>		
GLASS		<u>Whitefield Windows & Doors, Inc.</u>	
CERAMIC TILE		<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen (Pres)</u>
FLOOR COVERING			
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

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Contractor Form: Subcontractor Form: 8/09

SUBCONTRACTOR VERIFICATION FORM

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ELECTRICAL	Print Name <u>Schuman Electric, Inc.</u> License #: <u>ER-13012447</u>	Signature _____ Phone #: <u>904.737.4040</u>
MECHANICAL/ A/C	Print Name <u>A.C.E. Heat & Air</u> License #: <u>CAC058170</u>	Signature _____ Phone #: <u>1-386-497-2216</u>
PLUMBING/ GAS	Print Name <u>High Springs Plumbing & Air Inc</u> License #: <u>CFC1428234</u>	Signature _____ Phone #: <u>1-386-454-1407</u>
ROOFING	Print Name <u>Flagship Contract Services, Inc.</u> License #: <u>CCC 032520</u>	Signature <u>Jb Madsen</u> (pres) Phone #: <u>904.237.8127</u>
SHEET METAL	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name <u>N/A</u> License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON	<u>CGC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen</u> (Pres)
CONCRETE FINISHER	<u>CGC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen</u> (Pres)
FRAMING	<u>CGC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen</u> (Pres)
INSULATION		<u>Willis Sikes</u>	
STUCCO	<u>N/A</u>		
DRYWALL			
PLASTER	<u>N/A</u>		
CABINET INSTALLER	<u>CGC023981</u>	<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen</u> (Pres)
PAINTING			
ACOUSTICAL CEILING	<u>N/A</u>		
GLASS		<u>Whitefield Windows & Doors, Inc.</u>	
CERAMIC TILE		<u>Flagship Contract Services, Inc.</u>	<u>Jb Madsen</u> (Pres)
FLOOR COVERING			
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

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ELECTRICAL	Print Name: <u>Schuman Electric, Inc.</u>	Signature: _____	Phone #: <u>904-737-4440</u>
	License #: <u>ER-13012-847</u>		
MECHANICAL/ A/C <u>A2B</u>	Print Name: <u>A.C.E. Heat & Air</u>	Signature: <u>Tom Buccini (Pres)</u>	Phone #: <u>1-386-427-2216</u>
	License #: <u>CAC050170</u>		
PLUMBING/ GAS <u>L</u>	Print Name: <u>High Springs Plumbing & Air, Inc.</u>	Signature: <u>John D. Davis (Pres)</u>	Phone #: <u>1-386-454-1407</u>
	License #: <u>PC1428234</u>		
ROOFING	Print Name: <u>Flagship Contract Services, Inc.</u>	Signature: <u>Tom Buccini (Pres)</u>	Phone #: <u>904-237-8127</u>
	License #: <u>CCC032520</u>		
SHEET METAL	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		
FIRE SYSTEM/ SPRINKLER	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		
SOLAR	Print Name: <u>N/A</u>	Signature: _____	Phone #: _____
	License #: _____		

Specialty License	Trade Method	Subcontractor's License Number	Subcontractor's Signature
MASON			
CONCRETE FINISHER	<u>N/A</u>		
FRAMING			
INSULATION			
STUCCO	<u>N/A</u>		
DRYWALL			
PLASTER	<u>N/A</u>		
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING	<u>N/A</u>		
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING	<u>N/A</u>		
GARAGE DOOR	<u>N/A</u>		
METAL BLDG ERECTOR	<u>N/A</u>		

F.S. 440.308 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 Permit Submittal Form, 5/09