## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Fort White Dollar General

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

Columbia County issues combination permits. 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 general contractors permit.

***NOTE:*** *It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.*
**Use website to confirm licenses:** http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx

***NOTE:*** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

| | | Need |
|---|---|---|
| **ELECTRICAL** ☑ CC#_____ | Print Name Donald Davis Signature _____<br>Company Name: High Springs Electric Inc<br>License #: EC0002306 Phone #: 386-623-0499 | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **MECHANICAL/ A/C** ☑ CC#_____ | Print Name Mike Myers Signature _____<br>Company Name: Southern Air Systems of N FL Inc<br>License #: CAC1816683 Phone #: 352-494-5893 | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **PLUMBING/ GAS** ☑ CC#_____ | Print Name Billy Rathel Signature _____<br>Company Name: Five Star Plumbing Big Bend Inc<br>License #: CFC1427547 Phone #: 850-590-2957 | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **ROOFING** ☐ CC#_____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SHEET METAL** ☐ CC#_____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **FIRE SYSTEM/ SPRINKLER** ☐ CC#_____ | Print Name _____ Signature _____<br>Company Name: _____<br>License#: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SOLAR** ☐ CC#_____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **STATE SPECIALTY** ☐ CC#_____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |

Ref: F.S. 440.103; ORD. 2016-30

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