

65

### SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 48954 JOB NAME 2772 SW County Road 181  
Fort White, FL  
**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED** 32038

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.

not over full

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Dennis Conklin</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input checked="" type="checkbox"/>	Company Name: <u>D+S Lighting and Electric</u> License #: <u>EC13003800</u> Phone #: <u>386-623-9055</u>	
<b>MECHANICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Mark Lane</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
A/C <input checked="" type="checkbox"/>	Company Name: <u>Franks &amp; Lane A/C</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	
<b>PLUMBING/</b> <input checked="" type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS <input checked="" type="checkbox"/>	Company Name: <u>Barrs Plumbing, Inc.</u> License #: <u>CFC 1427145</u> Phone #: <u>386-623-0509</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>James Lipscomb</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input checked="" type="checkbox"/>	Company Name: <u>Lipscomb &amp; Eagle Development</u> License #: <u>CBC1253543</u> Phone #: <u>386-623-9141</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SPRINKLER</b>	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SPECIALTY</b>	Company Name: _____ License #: _____ Phone #: _____	