

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME King, Blake & Paige

**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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name: <u>Donald R Davis</u> Signature: <u>Donald R Davis</u>	<b>Need</b> <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>High Springs Electric</u> License #: <u>E0002306</u> Phone #: <u>386-623-0499</u>	
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name: <u>Donald R Davis</u> Signature: <u>Donald R Davis</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>High Springs Electric</u> License #: <u>CAC 1815367</u> Phone #: <u>386-623-0499</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name: <u>Cody Barrs</u> Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Barrs Plumbing</u> License #: <u>UPC 1427145</u> Phone #: <u>386-623-0509</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name: _____ Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name: _____ Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name: _____ Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name: _____ Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name: _____ Signature: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

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<b>ELECTRICAL</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>PLUMBING/ GAS</b>	Print Name <u>Cody Basso</u> Signature <u>[Signature]</u>	<b>Specialty</b>
<input checked="" type="checkbox"/>	Company Name: <u>Basso Plumbing</u>	<input type="checkbox"/> Lic
CCH# _____	License #: <u>CPCL1271515</u> Phone #: <u>766 673 0509</u>	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	<b>Specialty</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CCH# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Umb
		<input type="checkbox"/> WAC
		<input type="checkbox"/> EK
		<input type="checkbox"/> DE