

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54574 JOB NAME 465 SW Old Bellamy Rd

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.

ELECTRICAL <input type="checkbox"/> CC# <u>3193</u>	Print Name <u>JAMAL SHAKIR</u> Signature <u>Jamal Shakir</u> Company Name: <u>A.G.S. ELECTRICAL and PROPERTY DEVELOPMENT</u> License #: <u>EA13015569</u> Phone #: <u>904-945-7500</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# <u>3509</u>	Print Name <u>Rufus Hutchinson</u> Signature <u>Rufus Hutchinson</u> Company Name: <u>Tom's A/C & Heat, Inc</u> License #: <u>CAC 022427</u> Phone #: <u>352-494-4988</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# <u>3195</u>	Print Name <u>Sheldon Carroll</u> Signature <u>Sheldon Carroll</u> Company Name: <u>Crown Construction Company LLC</u> License #: <u>RF11067911</u> Phone #: <u>352-246-6476</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# <u>3401</u>	Print Name <u>Mitchell Brown</u> Signature <u>Mitchell Brown</u> Company Name: <u>The Solid Rock Builders Construction, Inc</u> License #: <u>CRC 1335118</u> Phone #: <u>352-318-0895</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE