

Subcontractor Verification Form

APPLICATION/PERMIT # _____

JOB NAME 389 Buffalo CT SW

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 Contractor's 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.

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

Printed Name: Dennis Dumas Signature: [Signature]
Company Name: High Springs Electric & Air Owner ☐
License #: EC 0002306 Phone #: 386-623-4895

MECHANICAL / A/C

Printed Name: Loren Walbaum Signature: [Signature]
Company Name: All-Rite Heating and Air Conditioning, Inc. Owner ☒
License #: CMC1249660 Phone #: 352-528-2511

PLUMBING / GAS

Printed Name: Jeff Kempton Signature: [Signature]
Company Name: Kempton & Self Plumbing Owner ☒
License #: CF057773 Phone #: 357-378-1812

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

FIRE SYSTEM / SPRINKLER

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____