

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME GAINEY NEW HOUSE

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"/>	Print Name <u>DANIEL CHASE GAINEY</u> Signature <u><i>Ch Chase</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>BY OWNER</u>	
CC# _____	License #: _____ Phone #: <u>352-538-0401</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Robert Edwards</u> Signature <u><i>Robert Edwards</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>Bounds Heating and Air</u>	
CC# _____	License #: <u>CAC057642</u> Phone #: <u>(352) 436-1641</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Chad Opaleski</u> Signature <u><i>Chad Opaleski</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>Chad's water works Plumbing LLC</u>	
CC# _____	License #: <u>CFC1427646</u> Phone #: <u>(352) 598-2557</u>	
ROOFING <input type="checkbox"/>	Print Name <u>William Duffield</u> Signature <u><i>William Duffield</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>Duffield Home Improvements</u>	
CC# _____	License #: <u>ccc1325785</u> Phone #: <u>352-375-7008</u>	
SHEET METAL <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
	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <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
	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SOLAR <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
	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY <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
	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	