

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # 000054616 JOB NAME PL022

**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>Joe Strada</u> Signature <u><i>Joe Strada</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>Strada Services, LLC</u> License #: <u>EC13003715</u> Phone #: <u>877-906-1313</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>JOE STRADA</u> Signature <u><i>Joe Strada</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>STRADA SERVICES, LLC</u> License #: <u>CAC043953</u> Phone #: <u>877-906-1113</u>	
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Jason James</u> Signature <u><i>Jason James</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>Mechanical One LLC</u> License #: <u>CFC1430061</u> Phone #: <u>407-404-4000</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Dustin L Estep</u> Signature <u><i>Dustin L Estep</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>Proformance Roofing</u> License #: <u>CCC1330971</u> Phone #: <u>407-702-0206</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	



Columbia County Building Department  
 135 NE Hernando Ave, Suite B-21  
 Lake City, FL 32055  
 Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

## Change of Subcontractor Request

### Permit Information

- Permit #: 000054616
  - Property Owner: Adam's Homes of Northwest Florida, INC
  - Job Site Address: 247 SW Bellflower Dr  
Lake City, FL
  - Original Subcontractor: Barrs Plumbing
  - License #: CFC1427145
  - New Subcontractor: Mechanical One
  - License #: CFC1430061
- Trade (i.e. Electrical, Plumbing, HVAC, etc.): Plumbing

FOR OFFICE USE	
DATE RECEIVED:	_____
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	_____
COMPLETED CHANGE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____
DATE PROCESSED:	<u>2/16/26</u>
PROCESSED BY:	<u>Maligh Ward</u>
NOTES:	_____

### Reason for Change:

Improved service, larger capacity

### Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

### Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

### Signatures (All must be notarized)

- **Property Owner (If Owner-Builder)**

Printed Name: ADAMS HOMES OF NW FL, INC. Date: 2.10.26

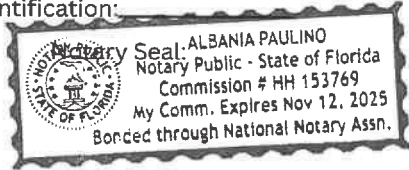
Signature: J. Chudy - KYLE CHUDEUSZ - AGENT

State: Florida County: Hillsborough

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 10<sup>th</sup> day of February, 2026, by Kyle Chudeusz, who is  personally known to me or  has provided the following identification:

Notary Printed Name: Albania Paulino

Notary Signature: albania Paulino



- **General Contractor**

Printed Name: ADAMS HOMES OF NW FL, INC. Date: 2.10.26

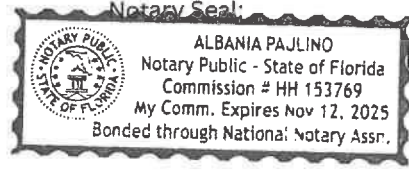
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- Property Owner: Adam's Homes of Northwest Florida, INC
- Job Site Address: 247 SW Bellflower Dr  
Lake City, FL
- Original Subcontractor: Keeler Roofing LLC
- License #: CFC1330509
- New Subcontractor: Proformance Roofing
- License #: CCC1330971

Trade (i.e. Electrical, Plumbing, HVAC, etc.): Roofing

FOR OFFICE USE	
DATE RECEIVED:	
COMPLETED CHANGE:	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
DATE PROCESSED:	<u>2/16/26</u>
PROCESSED BY:	<u>Malrigh Ward</u>
NOTES:	<u>Need proformance updated licence to reissue</u>

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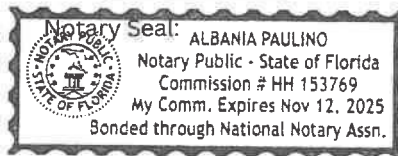
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Printed Name: ADAMS HOMES OF NW FL, INC. Date: 2.10.26

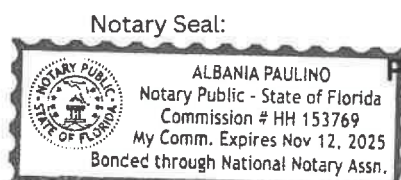
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