

Subcontractor Verification Form

APPLICATION/PERMIT # 74133

JOB NAME 4461 SW ELIN
Faulkner

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 J Cason Signature: [Signature]
Company Name: Cason Electric INC Owner
License #: EC13001281 Phone #: 386-623-7348

MECHANICAL / A/C

Printed Name: Rodney Cribbs Signature: [Signature]
Company Name: Quality Air Care LLC Owner
License #: RA13067616 Phone #: 386-288-8034

PLUMBING / GAS

Printed Name: Laster C Faulkner Signature: [Signature]
Company Name: Vertical Plumbing LLC Owner
License #: CFC1426421 Phone #: 386-867-4784

ROOFING

Printed Name: William Scott Signature: [Signature]
Company Name: William Scott Construction Owner
License #: CBC1250835 Phone #: 386-365-1222

**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 #: _____