

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME NORTON

### 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 type="checkbox"/>	Print Name <u>Ryan Felkner</u> Signature <u>[Signature]</u> Company Name: <u>Felkner Electric Inc</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1057</u>	License #: <u>EC13003153</u> Phone #: <u>352-318-8797</u>	
<b>MECHANICAL/ A/C</b> <input type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>[Signature]</u> Company Name: <u>Wilson Heat &amp; Air</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	
<b>PLUMBING/ GAS</b> <input type="checkbox"/>	Print Name <u>MARK DAWSON</u> Signature <u>[Signature]</u> Company Name: <u>Paradise Plumbing Services</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>795</u>	License #: <u>CFC1427245</u> Phone #: <u>386-288-6407</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>KEVIN BODENBANG</u> Signature <u>[Signature]</u> Company Name: <u>Plumb Level Construction</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <u>CCC1329482</u> Phone #: <u>386-365-5267</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	