

CONTRACTOR VERIFICATION

APPLICATION/PERMIT # 64302

JOB NAME AgroLiquid - Liquid Fertilizer Facility

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>James B Seay</u> Signature _____ Company Name: <u>Electrical Productions Services (EPS) / Miller Electric Company</u> License #: <u>FC13003061</u> Phone #: <u>904-388 8000</u>	Need - Lic - Lab - W/C - EX - DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>Clinton Wilson</u> Company Name: <u>Wilson Heat and Air, Inc.</u> License #: <u>CAC057886</u> Phone #: <u>(326) 496-9000</u>	Need - Lic - Lab - W/C - EX - DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CF1427145</u> Phone #: <u>952-496-2227 (386) 750-8656</u>	Need - Lic - Lab - W/C - EX - DE
ROOFING <input type="checkbox"/>	Print Name <u>Ryan Perzoo</u> Signature _____ Company Name: <u>Big Johnson Construction, LLC</u> License #: <u>CBC1260077</u> Phone #: <u>970-867-4709</u>	Need - Lic - Lab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>TBD</u> License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE