

need to scan

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 53533

JOB NAME Matthew Lance

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>Donnie Davis</u> Signature <u><i>Donnie Davis</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>High Springs Electric</u> License #: EC00010284 <u>EC0002306</u> Phone #: <u>(386)623-0499</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Loren Walbaum</u> Signature <u><i>Loren Walbaum</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>All-Rite Heating And Air</u> License #: <u>CMC1249660</u> Phone #: <u>(352)528-2511</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Robert Butler</u> Signature <i>Robert Butler</i> <u><i>James Butler</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>Butler Plumbing</u> License #: <u>CFC057960</u> Phone #: <u>(352)472-3677</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Dave Pabst</u> Signature <u><i>Dave Pabst</i></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <input type="checkbox"/>	Company Name: <u>Whittles Roofing</u> License #: <u>CCC1326372</u> Phone #: <u>(352)222-6367</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
CC# <input type="checkbox"/>	Company Name: _____ 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
CC# <input type="checkbox"/>	Company Name: _____ 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
CC# <input type="checkbox"/>	Company Name: _____ 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
CC# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	