

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

CA BOONE CONSTRUCTION, INC

**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.

<p><b>ELECTRICAL</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>Walt Graham/Blake Graham</u> Signature <u>Blake Graham</u></p> <p>Company Name: <u>Graham &amp; Sons Electric</u></p> <p>License #: <u>EC 13006720</u> Phone #: <u>386-752-6082</u></p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>MECHANICAL/ A/C</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>Chris Williams</u> Signature <u>Chris Williams</u></p> <p>Company Name: <u>Country Comfort Heat and Air</u></p> <p>License #: <u><del>CAD 1819997</del> CAD 57795</u> Phone #: <u>386-397-5731</u></p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>PLUMBING/ GAS</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>Billy Rathel</u> Signature <u>BB Rathel</u></p> <p>Company Name: <u>Five Star Plumbing</u></p> <p>License #: <u>CFC1427547</u> Phone #: <u>850-590-2957</u></p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>ROOFING</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>NA</u> Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SHEET METAL</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>NA</u> Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>FIRE SYSTEM/ SPRINKLER</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>NA</u> Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SOLAR</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>NA</u> Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>STATE SPECIALTY</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>NA</u> Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><b>Need</b></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>