



Columbia County Building Department
 135 NE Hernando Ave, Suite B-21
 Lake City, FL 32055
 Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 53213
 - Property Owner: Murvyn Graham
 - Job Site Address: 345 SW Beacon Way
Lake City, FL 32025
 - Original Subcontractor: Robert Ogles
 - License #: CCC9328699
 - New Subcontractor: Daniel Byrd
 - License #: CCC1332899
- Trade (i.e. Electrical, Plumbing, HVAC, etc.): Roofing

FOR OFFICE USE	
DATE RECEIVED:	<u>2/12/26</u>
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMPLETED CHANGE:	<input checked="" type="checkbox"/> YES
DATE PROCESSED:	<u>2/12/26</u>
PROCESSED BY:	<u>Maligh Ward</u>
NOTES:	

Reason for Change:

Wrong information entered

Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

Signatures (All must be notarized)

- **Property Owner (If Owner-Builder)**

Printed Name: _____ Date: _____

Signature: _____

State: _____ County: _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ___ day of _____, 20 __, by _____, who is personally known to me or has provided the following identification: _____

Notary Printed Name: _____

Notary Seal:

Notary Signature: _____

- **General Contractor**

Printed Name: Bryan Zecher Date: February 11, 2026

Signature: _____

State: Florida County: Columbia

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 11th day of February, 20 26, by Bryan Zecher, who is personally known to me or has provided the following identification: _____

Notary Printed Name: Suzanne Stewart



Notary Seal:
SUZANNE STEWART
 Commission # HH 463468
 Expires November 17, 2027

Notary Signature: Suzanne Stewart

Published 10/2025

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

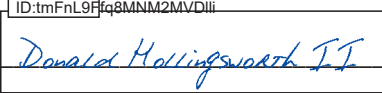
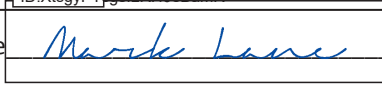
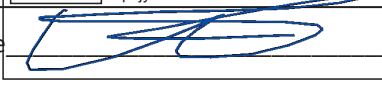
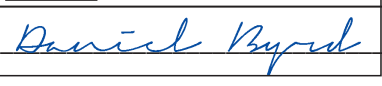
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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"/> CC# _____	Print Name <u>Donald Hollingsworth</u> Signature <u></u> Company Name: <u>Holly Electric</u> License #: <u>EC13012104</u> Phone #: <u>386-755-5944</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CC# _____	Print Name <u>Mark Lane</u> Signature <u></u> Company Name: <u>Lane Heating and Air</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name <u>Cody Barrs</u> Signature <u></u> Company Name: <u>Barr's Plumbing</u> License #: <u>CCC9328699</u> Phone #: <u>386-623-0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name <u>Daniel Byrd</u> Signature <u></u> Company Name: <u>Byrd's Eye Roofing, Inc</u> License #: <u>CCC1332899</u> Phone #: <u>386-935-6559</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Digital Signature Verification Report

Process and Intent Verification

The appFiles digital signature platform provides for two types of digital signatures each with their own type of authentication. The purpose of this report is to provide the parties of the documents listed below with the proof of intent and verification information collected at the time of digital signature.


The first type of digital signature is an in-person digital signature which is administered in the presence of personnel experienced with the collection of digital signatures. For this style of signature we record not only the required verification information consisting of the signature ID, device IP address and timestamp that the signature was collected but also the name of the experienced digital signature administrator who personally observed and explained the digital signature process to the client.

The second type of digital signature is a send-away digital signature. In this type of signature, the digital signature administrator prepares a set of documents to be sent and signed on the client's own computer or mobile device. During the process of preparing the package of documents, the administrator assigns a role to the client and places/activates the correct signature and initial locations on the document for that individual. A link is then generated and emailed that is unique to that individual that will begin the review and digital signature process.

Due to the nature of the send-away signatures being remotely administered, the signer, upon receiving and opening the link to the document package, must agree to the digital signature terms and conditions that indicate that they have read and reviewed the documents before signing and that they further agree that their digital signature will be as legally binding as a physical pen and paper signature. Once they have agreed to these terms and conditions, the signature request system will guide them through the process of reviewing each page of the document package before initialing or signing. For this type of digital signature, the verification information consisting of signature ID, device IP address and timestamp is collected as the signatures and initials are completed.

Subcontractors Form (updated roofer)

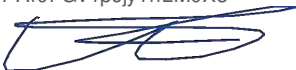
Electrician (position 292, 411)

ID: tmFnL9Ffq8MNM2MVDli 	Name: Donald Hollingsworth II Email Address: Admin@hollyelectricinc.com	Signed: 10/20/25 @ 4:28 PM IP Address: 67.191.99.46
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Mechanical (position 363, 413)

ID: XtsgyPTcgsiLRH0eBamR 	Name: Mark Lane Email Address: laneacoffice@gmail.com	Signed: 10/20/25 @ 10:23 AM IP Address: 67.190.236.248
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Plumber (position 434, 412)

ID: TPAf0FGv4pJjyThLM0X3 	Name: Cody Barrs Email Address: cody@barrsplumbingfl.com	Signed: 10/21/25 @ 4:29 PM IP Address: 198.182.176.125
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Roofer (position 505, 410)

ID: 0dalhYXopPgGncZLJ6JH 	Name: Daniel Byrd Email Address: daniel.byrdseye@gmail.com	Signed: 10/21/25 @ 1:33 PM IP Address: 67.140.255.120
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