

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 56199

JOB NAME Forest Plantation Lot 26

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.

	Print Name	Signature	Need
ELECTRICAL <input type="checkbox"/> CCR# _____	<u>Wigberto Baez</u> Company Name: <u>Del Sol Electric</u> License #: <u>EC13004859</u>	 Phone #: <u>352-514-2177</u>	<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 checked="" type="checkbox"/> CCR# <u>000013</u>	<u>Derrick Williams</u> Company Name: <u>DL WILLIAMS HEATING AND COOLING LLC</u> License #: <u>CRC1816913</u>	 Phone #: <u>3867541987</u>	<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/> CCR# <u>000767</u>	<u>Paul Coleman</u> Company Name: <u>Coleman Plumbing</u> License #: <u>CFC1425624</u>	 Phone #: <u>3524724114</u>	<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/> CCR# <u>002726</u>	<u>Dustin Estep</u> Company Name: <u>Performance</u> License #: <u>CCC1330971</u>	 Phone #: <u>352-989-6172</u>	<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"/> CCR# _____	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	<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"/> CCR# _____	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	<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"/> CCR# _____	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input checked="" type="checkbox"/> CCR# <u>002390</u>	<u>William Adams</u> Company Name: <u>Adams Homes</u> License #: <u>CRC1330146</u>	 Phone #: <u>352-554-8580</u>	<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE