

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 73509

JOB NAME Gardner

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# 309	Print Name <u>Matthew H. Burns</u> Signature <u><i>Matthew H. Burns</i></u> Company Name: <u>Burns Electrical Service Inc.</u> License #: <u>EC13006531</u> Phone #: <u>386-935-0444</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
MECHANICAL/A/C <input type="checkbox"/> CC# 3463	Print Name <u>James R Lewman</u> Signature <u><i>James R Lewman</i></u> Company Name: <u>R & L Handyman Inc.</u> License #: <u>CAC1818558</u> Phone #: <u>863-529-3643</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
PLUMBING/GAS <input type="checkbox"/> CC#	Print Name <u>Rollin Gardner</u> Signature <u><i>Rollin Gardner</i></u> Company Name: <u>Gardner Plumbing LLC</u> License #: <u>CFC1423362</u> Phone #: <u>386-466-8044</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
ROOFING <input type="checkbox"/> CC# 1119	Print Name <u>Mary C. Johnson</u> Signature <u><i>Mary Carol Johnson</i></u> Company Name: <u>RCRA Johnson Roofing Inc.</u> License #: <u>CCC1330073</u> Phone #: <u>386-397-4851</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
SHEET METAL <input type="checkbox"/> CC#	Print Name <u>Mary Carol Johnson</u> Signature <u><i>Mary Carol Johnson</i></u> 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"/> OE
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"/> OE
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"/> OE
STATE <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab