

954-444-7941
SUBCONTRACTOR VERIFICATION

I spoke to Stanley on 8-15-19
 He said to put Anthony Franks
 on as the subcontractor. He is
 not using Chris Williams as on
 the original sub-form.

APPLICATION/PERMIT # 37638 JOB NAME Rentz

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

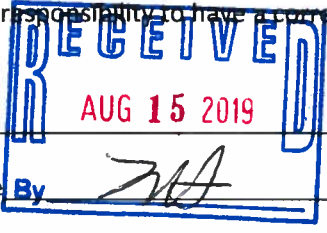
[Handwritten signature]

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 _____ Company Name: _____ License #: _____	Signature <u>By</u> <i>[Signature]</i> Phone #: _____	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 checked="" type="checkbox"/> 2024 CC# <u>CAC1818631</u>	Print Name <u>Anthony Franks</u> Company Name: <u>Franks and Lane</u> License #: <u>CAC1818631</u>	Signature <i>[Signature]</i> Phone #: <u>386-2628-1813</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 _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	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 _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	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 _____ Company Name: _____ License #: _____	Signature _____ 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 _____ Company Name: _____ License #: _____	Signature _____ 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 _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> SPECIALTY CC# _____	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE