

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME First Apostolic Church of Lake City, 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.

ELECTRICAL	Print Name <u>Dennis Damas</u> Signature <u>Dennis Damas</u>	<input type="checkbox"/> Need
<input type="checkbox"/>	Company Name: <u>High Spring Electric</u>	<input type="checkbox"/> Lic
CC# _____	License #: <u>EC 0002306</u> Phone #: <u>386-623-4995</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
MECHANICAL/	Print Name <u>Richard Mark Touchstone</u> Signature <u>Richard Mark Touchstone</u>	<input type="checkbox"/> Need
A/C <input type="checkbox"/>	Company Name: <u>Touchstone Heating and A/C Inc</u>	<input type="checkbox"/> Lic
CC# _____	License #: <u>CACO 58099</u> Phone #: <u>386-496-3462</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
PLUMBING/	Print Name <u>R. Whiddon</u> Signature <u>R. Whiddon</u>	<input type="checkbox"/> Need
GAS <input type="checkbox"/>	Company Name: <u>LAKE CITY PLUMBING</u>	<input type="checkbox"/> Lic
CC# _____	License #: <u>FC 1428686</u> Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
ROOFING	Print Name <u>Kevin Bradenbaugh</u> Signature <u>Kevin Bradenbaugh</u>	<input type="checkbox"/> Need
<input type="checkbox"/>	Company Name: <u>Plumb Level Construction Co LLC</u>	<input type="checkbox"/> Lic
CC# <u>1050</u>	License #: <u>CCC 1329482</u> Phone #: <u>386-345-5264</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SHEET METAL	Print Name _____ Signature _____	<input type="checkbox"/> Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
FIRE SYSTEM/	Print Name _____ Signature _____	<input type="checkbox"/> Need
SPRINKLER <input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SOLAR	Print Name _____ Signature _____	<input type="checkbox"/> Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
STATE	Print Name _____ Signature _____	<input type="checkbox"/> Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
SPECIALTY	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
CC# _____		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE