

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Don Frowick

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


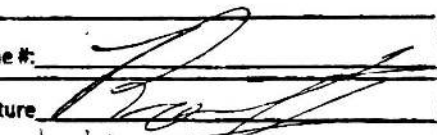
Columbia County Issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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"/>	Print Name: <u>Michael READER</u> Signature:  Company Name: <u>Madison SERVICE Co LLC</u> License #: <u>FC 1300 2315</u> Phone #: <u>850 973-0111</u>	Need Lic Lab W/C EX DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
ROOFING <input checked="" type="checkbox"/>	Print Name: <u>Robert Ogles</u> Signature:  Company Name: <u>Ogles Roofing & Const. LLC</u> License #: <u>ccc 13281099</u> Phone #: <u>386-364-4838</u>	Need Lic Lab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE

Ref: F.S. 440.103; ORD. 2016-30