

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME _____

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 checked="" type="checkbox"/>	Print Name <u>DENNIS CONKLIN</u> Signature <u>[Signature]</u> Company Name <u>D+S LIGHTING, inc.</u> License # <u>EC 13003800</u> Phone # <u>386-623-9055</u>	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name <u>MARK LANE</u> Signature <u>[Signature]</u> Company Name <u>LANE HEATING & AIR, LLC</u> License # <u>CAC1818631</u> Phone # <u>386-466-7514</u>	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name <u>Cody Exurs</u> Signature <u>[Signature]</u> Company Name <u>Exurs Plumbing, INC</u> License # <u>CFC 1427145</u> Phone # <u>(386) 623-0509</u>	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>TYLER TURNER</u> Signature <u>[Signature]</u> Company Name <u>TMT ROOFING LLC</u> License # <u>CC 1330410</u> Phone # <u>352-888-4076</u>	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE