SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # __74824__   JOB NAME __102 SKI CANTERBURY CT__

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.

Trade	Details	Need
ELECTRICAL ☐ CC# 3193	Print Name JAMAL SHAKIR Signature Jamal Shakir Company Name: A.G.S. Electrical and Property Development License #: ER13015569 Phone #: 904-945-7500	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC# 3509	Print Name Rufus Hutchinson Signature Rufus Hutchinson Company Name: Tom's A/C & Heat, Inc License #: CAC022427 Phone #: 352-494-4988	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS 3185 ☐ CC#	Print Name Sheldon Carroll Signature Sheldon Carroll Company Name: Crown Construction Company LLC License #: RF11067911 Phone #: 352-246-6476	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# 3401	Print Name Mitchell Brown Signature Mitchell Brown Company Name: The Solid Rock Builders Construction, Inc License #: CRC1335118 Phone #: 352-318-0895	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#	Print Name ___ Signature ___ Company Name: ___ License #: ___ Phone #: ___	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#	Print Name ___ Signature ___ Company Name: ___ License#: ___ Phone #: ___	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#	Print Name ___ Signature ___ Company Name: ___ License #: ___ Phone #: ___	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#	Print Name ___ Signature ___ Company Name: ___ License #: ___ Phone #: ___	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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