

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47363

JOB NAME 30-3S-16-02399-000 - Modular Home

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"/> CC# <u>001074</u> | GLENN WHITTINGTON Print Name <u>GLENN WHITTINGTON</u> Signature <u>Glenn Whittington</u> Company Name: <u>WHITTINGTON ELECTRIC INC</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1701</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| MECHANICAL/ A/C <input checked="" type="checkbox"/> CC# <u>001896</u> | RODNEY CRIBBS Print Name <u>RODNEY CRIBBS</u> Signature _____ Company Name: <u>QUALITY AIR CARE LLC</u> License #: <u>RA13067616</u> Phone #: <u>386.288.8034</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/ GAS <input checked="" type="checkbox"/> CC# <u>001081</u> | SCOTT WOLFE Print Name <u>SCOTT WOLFE</u> Signature _____ Company Name: <u>WOLFE PLUMBING INC.</u> License #: <u>CFC051621</u> Phone #: <u>386-935-0616</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING <input type="checkbox"/> CC# _____ | N/A Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SHEET METAL <input type="checkbox"/> CC# _____ | N/A Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____ | N/A Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SOLAR <input type="checkbox"/> CC# _____ | N/A Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| STATE SPECIALTY <input type="checkbox"/> CC# _____ | N/A Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47363

JOB NAME 30-3S-16-02399-000 - Modular Home

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"/> CC# <u>001074</u> | Print Name <u>AARON WHITTINGTON</u> Signature _____ Company Name: <u>WHITTINGTON ELECTRIC INC</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1701</u> | <u>Need</u> <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"/> CC# <u>001896</u> | Print Name <u>RODNEY CRIBBS</u> Signature _____ Company Name: <u>QUALITY AIR CARE LLC</u> License #: <u>RA13067616</u> Phone #: <u>386.288.8034</u> | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS <input checked="" type="checkbox"/> CC# <u>001081</u> | Print Name <u>SCOTT WOLFE</u> Signature _____ Company Name: <u>WOLFE PLUMBING INC.</u> License #: <u>CFC051621</u> Phone #: <u>386-935-0616</u> | <u>Need</u> <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 <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | <u>Need</u> <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 <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | <u>Need</u> <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 <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | <u>Need</u> <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 <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| STATE SPECIALTY <input type="checkbox"/> CC# _____ | Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u> | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |