

## SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

Castagna

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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>

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<b>ELECTRICAL</b> <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
<b>MECHANICAL/A/C</b> <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
<b>PLUMBING/GAS</b> <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
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>TERRY CASTAGNA</u> Signature <u>[Signature]</u> Company Name: <u>Castagna Inc. Inc.</u> License #: <u>CBC 047842</u> Phone #: <u>386-755-6867</u>	Need: <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <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
<b>FIRE SYSTEM/SPRINKLER</b> <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
<b>SOLAR</b> <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
<b>STATE SPECIALTY</b> <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

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<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <i>Frank Soucinick</i> Signature  Company Name: <i>Dependable Plumbing</i> CC# _____ License #: <i>CFC057747</i> Phone #: <i>386-752-5218</i>	Need: <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> LC <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>MECHANICAL/</b> <b>A/C</b> <input checked="" type="checkbox"/> CC# _____	Print Name <i>David Hall's</i> Signature <i>D Hall</i> Company Name: <i>David Hall's A/C and Heating</i> License #: <i>CAC057424</i> Phone #: <i>(386) 255-9792</i>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <input type="checkbox"/> <b>SPECIALTY</b> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Robert Davis</u>	Signature <u>[Signature]</u>	Need: - JC - Lab - W/C - EX - DE
CCH _____	Company Name: <u>Mountaineer Electric LLC</u>	License #: <u>EC13005826</u>	Phone #: <u>904-710-3208</u>
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need: - JC - Lab - W/C - EX - DE
CCH _____	Company Name: _____	License #: _____	Phone #: _____
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need: - JC - Lab - W/C - EX - DE
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<b>ROOFING</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need: - JC - Lab - W/C - EX - DE
CCH _____	Company Name: _____	License #: _____	Phone #: _____
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<b>SOLAR</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need: - JC - Lab - W/C - EX - DE
CCH _____	Company Name: _____	License #: _____	Phone #: _____
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need: - JC - Lab - W/C - EX - DE
CCH _____	Company Name: _____	License #: _____	Phone #: _____

## Re: Holly Castagna Residence

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From: rockyford@windstream.net (rockyford@windstream.net)

To: castagnaconstruc@bellsouth.net

Date: Monday, December 6, 2021, 10:04 AM EST

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The permit number is 21-0945.

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**From:** "castagnaconstruc" <castagnaconstruc@bellsouth.net>  
**To:** "rockyford@windstream.net" <rockyford@windstream.net>  
**Sent:** Monday, December 6, 2021 9:01:05 AM  
**Subject:** Holly Castagna Residence

Good morning!

Jerry would like to know if you could please provide the septic permit number for this job. Thank you for your time, we look forward to hearing from you.

***Tammy Ely***  
***Castagna Construction***  
***1459 SW Grandview St Suite #109***  
***Lake City FL 32055***  
***(386)755-6867***  
***Castagnaconstruc@bellsouth.net***