

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 62427 JOB NAME Baker Tool Storage Shed

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"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <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 checked="" type="checkbox"/> <u>001737</u> | Print Name <u>James J. Player</u> Signature <u>On file</u> Company Name: <u>Carports Anywhere LLC</u> License #: <u>CBC1251995</u> Phone #: <u>352-235-1676</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 |

Contractor Search Options

Search Terms (Contractor name, address, business, license number, license title)


Carports Anywhere

License Type (optional)



Search yielded 1 results.

Display is limited to 500 results.

| Picture | License | Name | Insurance |
|---|--|---|--|
|  | Workers Comp Expired. County License # 001737 County License Title: CERT. BUILDING County License Type: CERT. BUILDING County License Expiration: 8/31/2024 State License # CBC1251995 State License Expiration: 8/31/2024 Search Permits For This License | Contractor: JAMES J PLAYER Business: CARPORTS ANYWHERE LLC Incorporation #: Main Address: 701 N MOODY RD PALATKA, 32177 Phone: 352-235-1676 | Liability Insurance Yes Expires On: 11/17/2023 Workers Comp: Yes Expires On: 9/21/2023 |

NOTE In order for licensed contractors to be able to pull building permits, be listed as a subcontractor on a building permit and to obtain inspections in Columbia County, the contractor must first be on file and “active” with Contractor Licensing.

To be “Active” means that all licenses are current/active including both liability and worker’s compensation insurance certificates are current/active and on file with Contractor Licensing.

It is the contractor’s responsibility to ensure that all licensing information on file is current and updated to ensure search results do not return “Expired” data. This search database is updated nightly. For Contractor information with the State of Florida, see www.myfloridalicense.com

DISCLAIMER: The materials presented on this site are provided by the Columbia County Board of Commissioners for information purposes only. While we endeavor to keep this information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information provided in the search results. It is the responsibility of the user to verify the information provided.

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION



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& Professional Regulation

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LICENSEE DETAILS

4:21:35 PM 9/25/2023

Licensee Information

| | |
|-------------------|--|
| Name: | PLAYER, JAMES J (Primary Name) CARPORTS ANYWHERE (DBA Name) |
| Main Address: | 169 MCDONALD CT LEESBURG Georgia 31763 |
| County: | OUT OF STATE |
| License Location: | 701 NORTH MOODY ROAD UNIT 13-3 PALATKA FL 32177 |
| County: | PUTNAM |

License Information

| | |
|-----------------|--------------------------------------|
| License Type: | Certified Building Contractor |
| Rank: | Cert Building |
| License Number: | CBC1251995 |
| Status: | Current,Active |
| Licensure Date: | 07/20/2004 |
| Expires: | 08/31/2024 |

Special Qualifications

Qualification Effective

| | |
|----------------------------------|-------------------|
| Construction Business | 09/15/2010 |
|----------------------------------|-------------------|

Alternate Names

| |
|--|
| |
|--|

[View Related License Information](#)

[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.

