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	Print Name Danald Davis Signature Donn	Need D Lic
	Company Name: High Springs Electric & Air	☐ Liab ☐ W/C
CC#	License #: EC 000 2 3 0 6 Phone #: 386 - 623 - 0499	□ EX
		- □ DE
MECHANICAL/	Print Name Donald Davis Signature Juma Juma	Need Lic
A/C	Company Name: High Springs Electric + Air	□ Liab
CC#		- □ w/c
- CCH	License #: <u>CAC1815367</u> Phone #: <u>386-623-0499</u>	DE DE
PLUMBING/	Print Name Signature	Need □ Lic
GAS	Company Name:	□ Liab
CC#		□ w/c
CC#	License #: Phone #:	D EX
ROOFING	Print NameSignature	Need
		□ Lic □ Liab
L	Company Name:	□ w/c
CC#	License #: Phone #:	□ EX
SHEET METAL	Print NameSignature	Need
		□ Lic
	Company Name:	□ w/c
CC#	License #: Phone #:	□ EX
FIRE SYSTEM/	Print NameSignature	Need
SPRINKLER	Company Name:	□ Lic
CC#	License#:Phone #:	□ w/c
SOLAR		□ DE Need
	Print NameSignature	□ Lic
	Company Name:	□ Liab □ W/C
CC#	License #: Phone #:	□ EX
STATE [DE Need
STATE	Print NameSignature	□ Lic
SPECIALTY	Company Name:	□ W/C
CC#	License #:Phone #:	□ EX
		□ DE

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

From: Lee Holloway leeaholloway@gmail.com & Subject: Fwd: Subcontractor's Verification Form Date: January 14, 2025 at 8:38 AM

To: Dwei479660 dwei479660@aol.com

----- Forwarded message ------

From: Lee Holloway < leeaholloway@gmail.com>

Date: Mon, Jan 13, 2025, 9:29 AM
Subject: Subcontractor's Verification Form
To: Dan Hearn <txfishbutt@gmail.com>

Hi Dan,

Can you please fill this out and return for the plumbing installation.

Thanks, Lee

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ELECTRICAL	Print Name	Signature	Meed C Lic
	Company Name:		C 1345
CC#	License #:	Phone #:	0 Ex
MECHANICAL/	Print Name	Signature	Need O tie
A/C	Company Name:	0.0.0	G tisb G w/c
CC#	License #:	Phone #:	D EX
PLUMBING/	Print Name Paniel	D We Lasdature UUW	Need O 18
GAS	Company Name: D. W	eiland Plumbing UC	C tab
CC#	License #: CFC14	26221 Phone #: 386.804	-2349
ROOFING	Print Name	Signature	Dued C Lie
	Company Name:		C Liab
CC#	License #:	Phone #:	Q EX
SHEET METAL	Print Name	Signature	Send
	Company Name:		D be
CC#	License #:	Phone #:	D EX
FIRE SYSTEM/	Print Name	Signature	Need O Lic
SPRINKLER	Company Name:		S tiab
CC#	License#:	Phone #:	0 W/c 0 8x 0 06
SOLAR	Print Name	Carata and	Mored