



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME DAVE BLANK RENOVATION

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"/>	Print Name <u>ROGER LEAVITT</u> Signature _____ Company Name: <u>ROGER LEAVITT ELECTRIC</u> CC# _____ License #: _____ Phone #: <u>386-867-1848</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 type="checkbox"/>	Print Name <u>PETE MAZZOCCHI</u> Signature <u>R. Pete Mazzocchi</u> Company Name: <u>LAKE CITY AIR CONDITIONING & REFRIGERATION</u> CC# _____ License #: <u>CAC 021353</u> Phone #: <u>386-984-6117</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 type="checkbox"/>	Print Name <u>KEN ROCHE</u> Signature _____ Company Name: <u>PLUMBING NOW</u> CC# _____ 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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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 type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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

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ELECTRICAL <input type="checkbox"/> CC# _____	Print Name <u>ROGER LEAVITT</u> Signature <u>Roger Leavitt</u> Company Name: <u>ROGER LEAVITT ELECTRIC</u> License #: <u>EC 13006243</u> Phone #: <u>386-867-1848</u>	Need <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 <u>PETE MAZZOCCHI</u> Signature _____ Company Name: <u>LAKE CITY AIR CONDITIONING & REFRIGERATION</u> License #: <u>CAC 021353</u> Phone #: <u>386-984-6117</u>	Need <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 <u>KEN ROCHE</u> Signature <u>Ken Roche</u> Company Name: <u>PLUMBING NOW</u> License #: <u>cfc1426527</u> Phone #: <u>3866230263</u>	Need <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>Nick Turner</u> Signature _____ Company Name: <u>TMT Roofing LLC</u> License #: <u>CCC1330410</u> Phone #: <u>352-888-4676</u>	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE