

**SUBCONTRACTOR VERIFICATION**APPLICATION/PERMIT # **53786**JOB NAME **Lake City Medical Center - Ancillary Building Addition****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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>James Brian Seay</u> Signature <u>James Brian Seay</u> BCB6A64EBBE148D...	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Miller Electric Company</u> Total: \$1,437,754 EC 13003061 License #: _____ Phone #: <u>904-509-9289</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Thomas Wade Smith</u> Signature <u>Thomas Wade Smith</u> 08923C7366E14CE...	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>WW Gay Mechanical Contractor, Inc.</u> Total: \$898,673 CMC1249841 License #: _____ Phone #: <u>904-388-2696</u>	
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Thomas Wade Smith</u> Signature <u>Thomas Wade Smith</u> 08923C7366E14CE...	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>WW Gay Mechanical Contractor, Inc.</u> Total: \$400,315 CFC1425962 License #: _____ Phone #: <u>904-388-2696</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Joni Wilford</u> Signature <u>Joni Wilford</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Scherer Construction of North Florida LLC</u> CCC1327794 License #: _____ Phone #: <u>352-371-1417</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>Richard Bloom</u> Signature <u>Richard Bloom</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>WW Gay Fire &amp; Integrated Systems</u> 421788-0001-2001 License #: _____ Phone #: <u>352-258-5521</u>	
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	