SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME LOT 4 LEGION

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 ☑ CC#_____	Print Name CHANCEY PADGETT Signature _____ Company Name: VINTAGE ELECTRIC, INC License #: EC0001198 Phone #: 352-371-8021	Need – Lic – Liab – W/C – EX – DE
MECHANICAL/ A/C ☑ CC#_____	Print Name Erik Woahmann Signature _____ Company Name: COMFORT TEMP HEATING & AIR License #: CMC1249305 Phone #: 352-376-2366	Need – Lic – Liab – W/C – EX – DE
PLUMBING/ GAS ☑ CC#_____	Print Name _____ Signature _____ Company Name: BARRS PLUMBING License #: CFC1427145 Phone #: 386-752-8656	Need – Lic – Liab – W/C – EX – DE
ROOFING ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need – Lic – Liab – W/C – EX – DE
SHEET METAL ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need – Lic – Liab – W/C – EX – DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	Need – Lic – Liab – W/C – EX – DE
SOLAR ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need – Lic – Liab – W/C – EX – DE
STATE SPECIALTY ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need – Lic – Liab – W/C – EX – DE

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

SUBCONTRACTOR VERIFICATION

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ELECTRICAL ☑ CC# _____	Print Name CHANCEY PADGETT Signature _____ Company Name: VINTAGE ELECTRIC, INC License #: EC13007542 Phone #: 352-371-8021	Lic Liab W/C EX DE
MECHANICAL/ A/C ☑ CC# _____	Print Name _____ Signature _____ Company Name: COMFORT TEMP HEATING & AIR License #: CMC1249305 Phone #: 352-376-2360	Lic Liab W/C EX DE
PLUMBING/ GAS ☑ CC# _____	Print Name _____ Signature _____ Company Name: BARRS PLUMBING License #: CFC1427145 Phone #: 386-752-8656	Lic Liab W/C EX DE
ROOFING ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Lic Liab W/C EX DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	Lic Liab W/C EX DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Lic Liab W/C EX DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Lic Liab W/C EX DE

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MECHANICAL/ A/C ☑ CC# _____	Print Name _____ Signature _____ Company Name: COMFORT TEMP HEATING & AIR License #: CMC1249305 Phone #: 352-376-2366	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☑ CC# _____	Print Name _____ Signature Cody Barrs Company Name: BARRS PLUMBING License #: CFC1427145 Phone #: 386-752-8656	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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