

SUBCONTRACTOR VERIFICATION

1074

APPLICATION/PERMIT # _____

JOB NAME

Johnson

SW Ichetucknee Rd
FW

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>

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ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Lonnie Randell Lewis</u>	Signature <u>[Signature]</u>	Need <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>Randy Lewis Electric, Inc</u>	License #: <u>EC13003235</u>	Phone #: <u>352-463-2554</u>
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Donald R. Davis</u>	Signature _____	Need <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>High Springs Electric, Inc.</u>	License #: <u>CAC1815367</u>	Phone #: <u>386-623-0499</u>
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Daniel Roy Mossburg</u>	Signature _____	Need <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>Live Oak Plumbing, Inc.</u>	License #: <u>CFC1427438</u>	Phone #: <u>386-362-1767</u>
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Wallace William Powell</u>	Signature _____	Need <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>Powell & Sons Roofing, Inc.</u>	License #: <u>CCC057307</u>	Phone #: _____
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need <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 #: _____
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need <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 #: _____
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need <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 #: _____
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX
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PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Daniel Roy Mossburg</u> Signature _____	Need <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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SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <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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SUBCONTRACTOR VERIFICATION

374

APPLICATION/PERMIT # _____ JOB NAME Johnson**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

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FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
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SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
FIRE SYSTEM/	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
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