

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 48057 JOB NAME CALDWELL, Wesley & Nancy

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 checked="" type="checkbox"/> CC# <u>2303</u>	Print Name <u>Jack Earl Spann</u> Company Name: <u>Creative Design Electrical LLLP</u> License #: <u>ER0004625</u> Phone #: <u>352-463-6440</u>	Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> CC# <u>1878</u>	Print Name <u>Jack Earl Spann</u> Company Name: <u>Spann's Heating and Air</u> License #: <u>RA0029414</u> Phone #: <u>352-463-6440</u>	Signature <u>[Signature]</u> <u>(Jonathan Spann - License holder)</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/> CC# <u>429</u>	Print Name <u>James Butler</u> Company Name: <u>Butler Plumbing of Gainesville, Inc.</u> License #: <u>CFC057960</u> Phone #: <u>352-472-3677</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
ROOFING <input checked="" type="checkbox"/> CC# <u>2324</u>	Print Name <u>Michael A. Martin</u> Company Name: <u>Strickland Roofing & Home Services, Inc.</u> License #: <u>CCC1331256</u> Phone #: <u>352-221-2397</u>	Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 checked="" type="checkbox"/> CC# _____	Print Name <u>Frank Anderson</u> Company Name: <u>Gator Gas LP, Inc.</u> License #: <u>3004</u> Phone #: <u>352-542-8420</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