

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 48897 JOB NAME Lot 20, Turkey Creek subdivision

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 checked="" type="checkbox"/>	Print Name <u>Nervin Hines</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# <u>1647</u>	Company Name: <u>Hines Electrical + Comm.</u> License #: <u>EC13003393</u> Phone #: <u>352-472-4277</u>	
<b>MECHANICAL</b> <input checked="" type="checkbox"/>	Print Name <u>DAVID HALL</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
A/C <input checked="" type="checkbox"/> CC# <u>368</u>	Company Name: <u>DAVID HALL'S, INC</u> License #: <u>CACO57424</u> Phone #: <u>3867559792</u>	
<b>PLUMBING</b> <input checked="" type="checkbox"/>	Print Name <u>Calvin Burr</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
GAS <input checked="" type="checkbox"/> CC# <u>715</u>	Company Name: <u>Burr Plumbing</u> License #: <u>CFC1127195</u> Phone #: <u>386 673-0509</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>Kevin Badenbaugh</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# <u>1052</u>	Company Name: <u>Plumb Level Const</u> License #: <u>CCC#1329482</u> Phone #: <u>386 345 5264</u>	
<b>SHEET METAL</b> <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 #: _____	
<b>FIRE SYSTEM/</b> <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
<b>SPRINKLER</b> CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <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 #: _____	
<b>STATE</b> <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
<b>SPECIALTY</b> CC# _____	Company Name: _____ License #: _____ Phone #: _____	