

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

47818

JOB NAME

Johnson, MICHAEL

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"/>	Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>00037</u>	Company Name: <u>Holly Electric Inc</u> License #: <u>EC13005429</u> Phone #: _____	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>JAN Touchton</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>1731</u>	Company Name: <u>Touchton's Heat + A/c</u> License #: <u>CAC058747</u> Phone #: <u>386 362 4509</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Dan Bills</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>298</u>	Company Name: <u>HomeTown Plumbing Services</u> License #: <u>CFC1428890</u> Phone #: <u>386-954 6140</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Sara Gresham</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>2087</u>	Company Name: <u>John Norris Construction</u> License #: <u>CRC1331978</u> Phone #: <u>386-365-8685</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: <u>65</u>	