

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 46648 JOB NAME Lawrence

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	Print Name <u>Chad White</u>	Signature <u>[Signature]</u>	Need
☒	Company Name: <u>CK Electric LLC</u>		☐ Lic
CC# <u>543</u>	License #: <u>EC13002222</u>	Phone #: <u>352-472-9888</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
MECHANICAL/	Print Name _____	Signature _____	Need
A/C	Company Name: _____		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
PLUMBING/	Print Name _____	Signature _____	Need
GAS	Company Name: _____		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
ROOFING	Print Name _____	Signature _____	Need
CC# _____	Company Name: _____		☐ Lic
			☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SHEET METAL	Print Name _____	Signature _____	Need
CC# _____	Company Name: _____		☐ Lic
			☐ Liab
			☐ W/C
			☐ EX
			☐ DE
FIRE SYSTEM/	Print Name _____	Signature _____	Need
SPRINKLER	Company Name: _____		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SOLAR	Print Name _____	Signature _____	Need
CC# _____	Company Name: _____		☐ Lic
			☐ Liab
			☐ W/C
			☐ EX
			☐ DE
STATE	Print Name _____	Signature _____	Need
SPECIALTY	Company Name: _____		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE

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