

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Natalie Lamuck

**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.

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<b>ELECTRICAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/> CC# _____	Print Name <u>Clinton G. Wilson</u> Signature <u>Clinton G. Wilson</u> Company Name: <u>Wilson Heat &amp; Air, Inc.</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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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<b>ELECTRICAL</b>	Print Name _____ Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>MECHANICAL/</b>	Print Name _____ Signature _____	<u>Need</u>
<b>A/C</b> <input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name <u>Trenton Nolan</u> Signature <u>TN</u>	<u>Need</u>
<b>GAS</b> <input type="checkbox"/>	Company Name: <u>Dark River Plumbing</u>	<input type="checkbox"/> L.C.
CC# _____	License #: <u>CFC1432804</u> Phone #: <u>386-854-0075</u>	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name _____ Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____ Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>FIRE SYSTEM/</b>	Print Name _____ Signature _____	<u>Need</u>
<b>SPRINKLER</b> <input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____ Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>STATE</b> <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u>
<b>SPECIALTY</b>	Company Name: _____	<input type="checkbox"/> L.C.
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Lab
		<input type="checkbox"/> W/C
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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>Willard R Lamneck</u> Signature <u>[Signature]</u> Company Name: <u>LAMNECK ELECTRIC INC</u> License #: <u>EC0002270</u> Phone #: <u>941-915-3395</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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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<b>MECHANICAL/A/C</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/> CC# _____	Print Name <u>Vince Robinson</u> Signature <u>[Signature]</u> Company Name: <u>VS Robinson Contracting, LLC</u> License #: <u>CCC 1328781</u> Phone #: <u>352-339-5280</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE