Columbia County

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # 54620 JOB NAME J. Clarence Pender

**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** ☑ CC# | Print Name C & R Electrical Signature RE<br>Company Name: Randy Collins<br>License #: EC13005730 Phone #: 1-904-291-9436 | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **MECHANICAL/ A/C** ☑ CC# | Print Name Dave Scott Signature Dave Scott<br>Company Name: Dave Scott's Heating and Air LLC<br>License #: CAC 1814204 Phone #: 904 654 8500 | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **PLUMBING/ GAS** ☑ CC# | Print Name Cody Barrs Signature Cody Barrs<br>Company Name: Barrs Plumbing, Inc.<br>License #: CFC1427145 Phone #: 386-752-8656 | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **ROOFING** ☐ CC# | Print Name James Alan Plant II Signature James Plant<br>Company Name: Legacy Roofing Construction of NFL INC<br>License #: CCC1333244 Phone #: (904)413-7114 | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SHEET METAL** ☐ CC# | Print Name Signature<br>Company Name:<br>License #: Phone #: | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **FIRE SYSTEM/ SPRINKLER** ☐ CC# | Print Name Signature<br>Company Name:<br>License#: Phone #: | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SOLAR** ☐ CC# | Print Name Signature<br>Company Name:<br>License #: Phone #: | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **STATE SPECIALTY** ☐ CC# | Print Name Signature<br>Company Name:<br>License #: Phone #: | Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |

Ref: F.S. 440.103; ORD. 2016-30