SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 48346   JOB NAME Ingrid Cox Residence

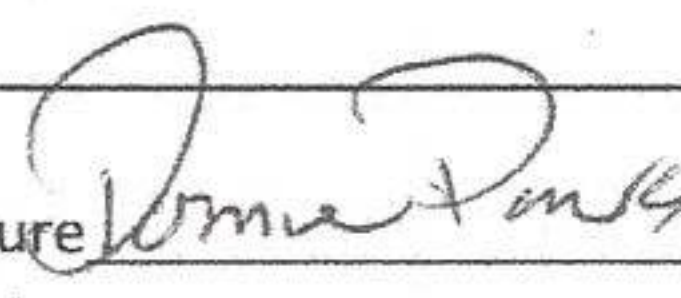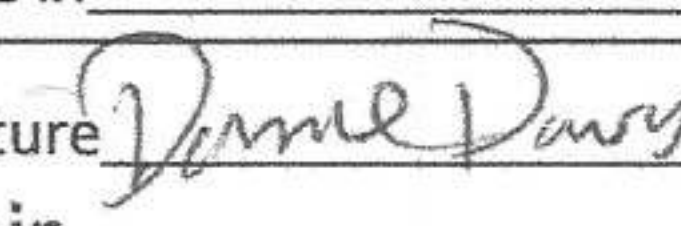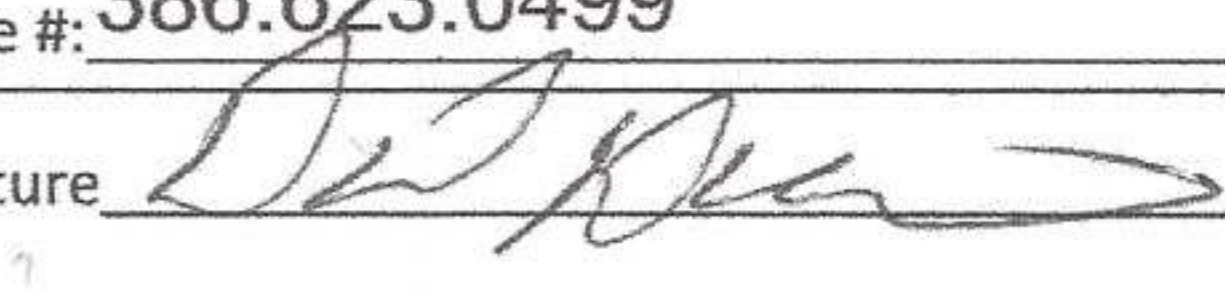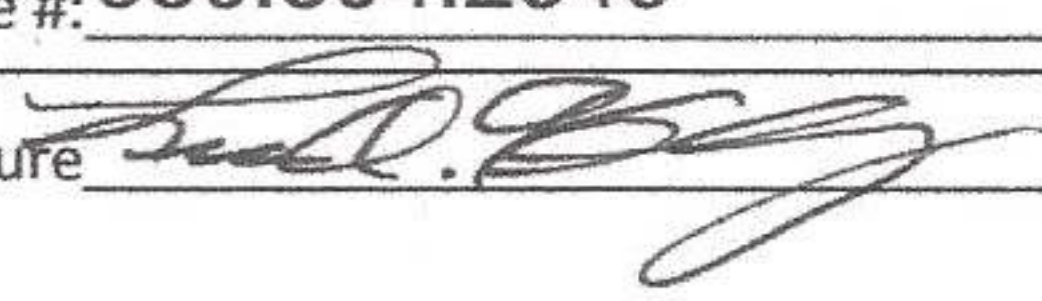## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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.

Trade	Details	Need
ELECTRICAL ☐	Print Name Donnie Davis Signature *(signed)* Company Name: High Springs Electric and Air CC#_____ License #: EC0002306 Phone #: 386.623.0499	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name Donnie Davis Signature *(signed)* Company Name: High Sorings Electric and Air CC#_____ License #: CAC1815367 Phone #: 386.623.0499	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name Dan Weiland Signature *(signed)* Company Name: D Weiland Plumbing CC#_____ License #: CFC1426221 Phone #: 386.804.2349	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name Lee Holloway Signature *(signed)* Company Name: LDM Construction Co., Inc. CC#_____ License #: CGC 1510178 Phone #: 352.665.1775	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name_____ Signature_____ Company Name: N/A CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name_____ Signature_____ Company Name: N/A CC#_____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name_____ Signature_____ Company Name: N/A CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name_____ Signature_____ Company Name: N/A CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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