

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME 65-~~HECAU-1000~~ VAUGHAN

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.cc.m/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 type="checkbox"/>	Print Name <u>Adam Mikell</u>	Signature <u>[Signature]</u>	CC# _____
	Company Name: <u>Adam Mikell Powering & Electrical Distribution LLC</u>		
	License #: <u>EC13004282</u>	Phone #: <u>352-318-2368</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Michael Fangle</u>	Signature <u>[Signature]</u>	CC# _____
	Company Name: <u>AKas Heat & A/C Inc</u>		
	License #: <u>CAC1813540</u>	Phone #: <u>352-413-2380</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>George Dijk</u>	Signature <u>[Signature]</u>	CC# _____
	Company Name: <u>Paul Plumber</u>		
	License #: <u>CFC1427133</u>	Phone #: <u>386-438-9635</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Gary W. Thompson</u>	Signature <u>[Signature]</u>	CC# _____
	Company Name: <u>Thompson Custom Home Builders, LLC</u>		
	License #: <u>CRC046869</u>	Phone #: <u>386-867-5477</u>	
SHEET METAL <u>N/A</u> <input type="checkbox"/>	Print Name _____	Signature _____	CC# _____
	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input checked="" type="checkbox"/>	Print Name _____	Signature _____	CC# _____
	Company Name: _____		
	License #: _____	Phone #: _____	
SOLAR <u>N/A</u> <input type="checkbox"/>	Print Name _____	Signature _____	CC# _____
	Company Name: _____		
	License #: _____	Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	CC# _____
	Company Name: _____		
	License #: _____	Phone #: _____	