SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 64609 JOB NAME 126 Colonial Place

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 Kathleen Anderson-owner/builder Signature Kathleen Anderson (Digitally signed by Kathleen Anderson DN: cn=Kathleen Anderson, o, ou, email=N73KA@earthlink.net, c=US Date: 2024.03.20 08:55:38 -07'00') Company Name: Holly Electric License #: FL EC13005429 Phone #: 386-755-5944	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☑ CC#_____	Print Name Kathleen Anderson-owner/builder Signature Kathleen Anderson (Digitally signed by Kathleen Anderson DN: cn=Kathleen Anderson, o, ou, email=N73KA@earthlink.net, c=US Date: 2024.03.20 08:57:49 -07'00') Company Name: Harry's Air Conditioning License #: CAC1822747 Phone #: 386-752-2308	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☑ CC#_____	Print Name Kathleen Anderson-owner/builder Signature Kathleen Anderson (Digitally signed by Kathleen Anderson DN: cn=Kathleen Anderson, o, ou, email=N73KA@earthlink.net, c=US Date: 2024.03.20 08:59:18 -07'00') Company Name: Lake City Plumbing License #: CFC1428686 Phone #: 386-752-0776	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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