

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 <input type="checkbox"/>	Print Name: <u>Donald Hollingsworth II.</u> Signature: <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Holly Electric, Inc</u> License #: <u>EC130121104</u> Phone #: <u>386-755-5944</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name: <u>Michael Faught</u> Signature: <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Akins Heat & Air, Inc</u> License #: <u>CAC1813540</u> Phone #: <u>352-463-2380</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name: <u>George Dwyer</u> Signature: <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>APR Plumbing</u> License #: <u>CFC1427133</u> Phone #: <u>386-438-9625</u>	
ROOFING <input type="checkbox"/>	Print Name: <u>Gery W. Thompson</u> Signature: <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: <u>CRCO 46869</u> Phone #: <u>(386) 867-5477</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	

W/A

N/A

N/A

N/A