

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