SUBCONTRACTOR VERIFICATION

New Millenium

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APPLICATION/PERMIT #	JOB NAME		
2.384.1 200.0 4.480.1 (1996) 7.480.5 (1904)			

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 <u>REQUIRED</u> 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.

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ELECTRICAL	Print Name RyAN FELL NOR Signature RyA FELL	<u>Need</u> □ Lic
	Company Name: FELKNOR ELECTRIC, INC	☐ Liab
CC# 1057		□ W/C
CCH_ 100 /	111011e#. 200 270 3 74	- □ DE
MECHANICAL/	Print Name Cliston Wilson Signature Clist Welson	<u>Need</u> □ Lic
A/C	Company Name: Wilson Hear & AIR	□ Liab
	With the state of	- □ w/c
cc#_802	License #: <u>CAC 057 886</u> Phone #: <u>386 - 496 - 9000</u>	□ EX
PLUMBING/	Print Name Cooy Bases Signature Coay Borrs	Need □ Lic
GAS	Company Name: BARES Plumbry Drc	□ Liab
cc#_ 715		□ W/C
CC#	License #: <u>CFC 1427145</u> Phone #: 386 - 752 - 8656	□ EX □ DE
ROOFING	Print Name Kovin Bedenbauca 4 Signature Ko	Need
Г		D Lic
	Company Name: Plumb Level Construction	☐ Liab ☐ W/C
CC# 1056	License #: CCc 1329482 Phone #: 386 - 365 - 5264	□ EX
SHEET METAL		☐ DE Need
SHEET WETAL	Print NameSignature	□ Lic
	Company Name:	☐ Liab
CC#	license #·	□ w/c □ EX
	License #: Phone #:	□ DE
FIRE SYSTEM/	Print NameSignature	<u>Need</u> □ Lic
SPRINKLER	Company Name:	□ Liab
CC#		□ w/c □ EX
- CCH	License#: Phone #:	□ DE
SOLAR	Print NameSignature	<u>Need</u> □ Lic
	Company Name:	□ Liab
CC#		□ w/c
CC#	License #: Phone #:	□ EX □ DE
STATE		Need
	Print NameSignature	☐ Lic
SPECIALTY	Company Name:	□ Liab
CC#	License #: Phone #:	□ EX
··		□ DE

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