

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 58632

JOB NAME Elnora Cooper

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.

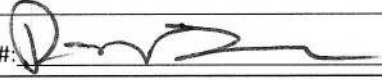
NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

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.

185 NE Milton

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|--|--|---|
| ELECTRICAL <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #:  | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS <input type="checkbox"/> | Print Name <u>Douglas Powell</u> Signature _____ Company Name: <u>Christian Brothers Plumbing and Renovations, LLC</u> License #: <u>CFC1428684</u> Phone #: <u>904-551-1914</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |

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| MECHANICAL/ A/C <input type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/ GAS <input type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING <input checked="" type="checkbox"/> CC# _____ | Print Name <u>Aaron Galley</u> Signature  Company Name: <u>K&G Construction Inc.</u> License #: <u>CCC1328403</u> Phone #: <u>904-772-1316</u> | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SHEET METAL <input type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| SOLAR <input type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| STATE <input type="checkbox"/> SPECIALTY CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |