

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME LOT 4 LEGION

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		Print Name <u>CHANCEY PRECIO</u>	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>VINTAGE ELECTRIC, INC</u>	Phone #: <u>352-371-8021</u>	
CC#		License #: <u>EC000198</u>		
MECHANICAL/A/C		Print Name <u>ERIK WOAHMUNN</u>	Signature <u>C</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>COMFORT TEMP HEATING & AIR</u>	Phone #: <u>352-376-2360</u>	
CC#		License #: <u>CMC1049305</u>		
PLUMBING/GAS		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>BARRS PLUMBING</u>	Phone #: <u>386-752-8656</u>	
CC#		License #: <u>CECH107115</u>		
ROOFING		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: _____	Phone #: _____	
CC#		License #: _____		
SHEET METAL		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: _____	Phone #: _____	
CC#		License #: _____		
FIRE SYSTEM/SPRINKLER		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: _____	Phone #: _____	
CC#		License #: _____		
SOLAR		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: _____	Phone #: _____	
CC#		License #: _____		
STATE SPECIALTY		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: _____	Phone #: _____	
CC#		License #: _____		

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ELECTRICAL		Print Name <u>CHANCEY PADGETT</u> Signature 	Need - Lic - Lab - W/C - EX - DE
<input checked="" type="checkbox"/>		Company Name: <u>VINTAGE ELECTRIC, INC</u>	
CC#		License #: <u>EC13007542</u>	Phone #: <u>352-371-8021</u>
MECHANICAL		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input checked="" type="checkbox"/>		Company Name: <u>COMFORT TEMP HEATING & AIR</u>	
CC#		License #: <u>CM13019305</u>	Phone #: <u>352 371 2500</u>
PLUMBING		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input checked="" type="checkbox"/>		Company Name: <u>BAKES PLUMBING</u>	
CC#		License #: <u>CFCH107115</u>	Phone #: <u>386 752-8050</u>
ROOFING		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____	Phone #: _____
SHEET METAL		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____	Phone #: _____
FIRE SYSTEM/		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____	Phone #: _____
SOLAR		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____	Phone #: _____
STATE		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____	Phone #: _____

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ELECTRICAL	Print Name <u>CHANCEY PADGETT</u>	Signature _____	Need - Lic - Lab - W/C - EX - DE	
	<input checked="" type="checkbox"/>	Company Name: <u>VIN TRAIL ELECTRIC, INC</u>		
CC#	License #: <u>EC0000198</u>	Phone #: <u>350-371-8681</u>		
MECHANICAL/	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
A/C	<input checked="" type="checkbox"/>	Company Name: <u>COMFORT TEMP HEATING & AIR</u>		
CC#	License #: <u>CMC 04950</u>	Phone #: <u>350-370-2366</u>		
PLUMBING/	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
GAS	<input checked="" type="checkbox"/>	Company Name: <u>BARRS PLUMBING</u>		
CC#	License #: <u>CFC1427145</u>	Phone #: <u>386-752-8656</u>		
ROOFING	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
	<input type="checkbox"/>	Company Name: _____		
CC#	License #: _____	Phone #: _____		
SHEET METAL	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
	<input type="checkbox"/>	Company Name: _____		
CC#	License #: _____	Phone #: _____		
FIRE SYSTEM/	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
SPRINKLER	<input type="checkbox"/>	Company Name: _____		
CC#	License #: _____	Phone #: _____		
SOLAR	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE	
	<input type="checkbox"/>	Company Name: _____		
CC#	License #: _____	Phone #: _____		
STATE	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Lab - W/C - EX - DE
SPECIALTY	Company Name: _____			
CC#	License #: _____	Phone #: _____		