

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	<input checked="" type="checkbox"/>	Print Name: <u>CHANCEY PROBERT</u> Signature: _____ Company Name: <u>VINTAGE ELECTRIC, INC</u> License #: <u>EC00001198</u> Phone #: <u>352-371-8021</u>	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 checked="" type="checkbox"/>	Print Name: <u>Erik Wothmann</u> Signature: _____ Company Name: <u>COMFORT TEMP HEATING & AIR</u> License #: <u>CMC1249305</u> Phone #: <u>352-376-2366</u>	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 checked="" type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: <u>BARRS PLUMBING</u> License #: <u>CEC1127115</u> Phone #: <u>386-752-8656</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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ELECTRICAL	<input checked="" type="checkbox"/>	Print Name <u>CHANCEY PADGETT</u>	Signature 	Need Lic Liab W/C EX DE
CC#		Company Name: <u>VINTAGE ELECTRIC, INC</u>	License #: <u>EC13007542</u>	Phone #: <u>352-371-8021</u>
MECHANICAL/	<input checked="" type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
A/C		Company Name: <u>COMFORT TEMP HEATING & AIR</u>	License #: <u>CM1219305</u>	Phone #: <u>352-376-2300</u>
PLUMBING/	<input checked="" type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
GAS		Company Name: <u>DAVES PLUMBING</u>	License #: <u>CFCH107145</u>	Phone #: <u>386-755-8050</u>
ROOFING	<input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC#		Company Name: _____	License #: _____	Phone #: _____
SHEET METAL	<input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC#		Company Name: _____	License #: _____	Phone #: _____
FIRE SYSTEM/	<input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
SPRINKLER		Company Name: _____	License #: _____	Phone #: _____
SOLAR	<input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC#		Company Name: _____	License #: _____	Phone #: _____
STATE	<input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
SPECIALTY		Company Name: _____	License #: _____	Phone #: _____
CC#		Company Name: _____	License #: _____	Phone #: _____

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ELECTRICAL	<input checked="" type="checkbox"/>	Print Name: <u>CHANCEY PADGETT</u>	Signature: _____	Need
		Company Name: <u>VINTAGE ELECTRIC, INC</u>		Uc
CC#		License #: <u>EC0001198</u>	Phone #: <u>352-371-8021</u>	Liab
				W/C
				EX
				DE
MECHANICAL/ A/C	<input checked="" type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: <u>COMFORT TEMP HEATING & AIR</u>		Lic
CC#		License #: <u>CMC1017308</u>	Phone #: <u>352-376-2366</u>	Liab
				W/C
				EX
				DE
PLUMBING/ GAS	<input checked="" type="checkbox"/>	Print Name: <u>Cody Barrs</u>	Signature: <u>Cody Barrs</u>	Need
		Company Name: <u>BARRS PLUMBING</u>		Lic
CC#		License #: <u>CFC1427145</u>	Phone #: <u>386-752-8656</u>	Liab
				W/C
				EX
				DE
ROOFING	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Lic
CC#		License #: _____	Phone #: _____	Liab
				W/C
				EX
				DE
SHEET METAL	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Lic
CC#		License #: _____	Phone #: _____	Liab
				W/C
				EX
				DE
FIRE SYSTEM/ SPRINKLER	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Lic
CC#		License #: _____	Phone #: _____	Liab
				W/C
				EX
				DE
SOLAR	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Lic
CC#		License #: _____	Phone #: _____	Liab
				W/C
				EX
				DE
STATE SPECIALTY	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Lic
CC#		License #: _____	Phone #: _____	Liab
				W/C
				EX
				DE