

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 49738 JOB NAME Frey & Howe Residence

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 ☐ CC# _____	Print Name <u>RUSSELL B. JENNINGS</u> Signature <u>Russell B Jennings</u> Company Name: <u>Cool Cats Cooling, INC.</u> License #: <u>EC 0001505</u> Phone #: <u>561-715-3789</u>	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE