

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 59281 JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

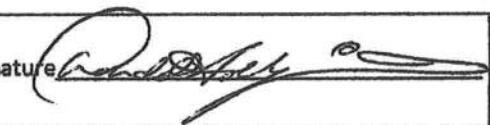
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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>Donald R. Hollingsworth</u> Signature  <input type="checkbox"/> Company Name: <u>Holly Electric INC.</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <u>EC 13005429</u> Phone #: <u>386-755-5944</u>	
MECHANICAL/	Print Name _____ Signature _____	
A/C <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
PLUMBING/	Print Name <u>Cody Barrs</u> Signature  <input type="checkbox"/> Company Name: <u>Barrs Plumbing</u>	
GAS <input type="checkbox"/>	CC# _____ License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
CC# _____		
ROOFING	Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SHEET METAL	Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/	Print Name _____ Signature _____	
SPRINKLER <input type="checkbox"/>	Company Name: _____ CC# _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
STATE <input type="checkbox"/>	Print Name _____ Signature _____	
SPECIALTY	Company Name: _____ CC# _____ License #: _____ Phone #: _____	