

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT #

74822

JOB NAME

126 SW Aurora Way

**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.

<p><b>ELECTRICAL</b></p> <p><input type="checkbox"/></p> <p>CC# <u>3193</u></p>	<p>Print Name <u>JAMAL SHAKIR</u> Signature <u>Jamal Shakir</u></p> <p>Company Name: <u>A.G.S. ELECTRICAL and PROPERTY DEVELOPMENT</u></p> <p>License #: <u>EA13015569</u> Phone #: <u>904-945-7500</u></p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>MECHANICAL/</b></p> <p><b>A/C</b></p> <p><input type="checkbox"/></p> <p>CC# <u>3509</u></p>	<p>Print Name <u>Rubin Hutchinson</u> Signature <u>Rubin Hutchinson</u></p> <p>Company Name: <u>Tom's A/C &amp; Heat, Inc</u></p> <p>License #: <u>CAC 022427</u> Phone #: <u>352-494-4988</u></p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>PLUMBING/</b></p> <p><b>GAS</b></p> <p><input type="checkbox"/></p> <p>CC# <u>3165</u></p>	<p>Print Name <u>Sheldon Carroll</u> Signature <u>Sheldon Carroll</u></p> <p>Company Name: <u>Crown Construction Company LLC</u></p> <p>License #: <u>RF11067911</u> Phone #: <u>352-246-6476</u></p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>ROOFING</b></p> <p><input type="checkbox"/></p> <p>CC# <u>3401</u></p>	<p>Print Name <u>Mitchell Brown</u> Signature <u>Mitchell Brown</u></p> <p>Company Name: <u>The Solid Rock Builders Construction, Inc</u></p> <p>License #: <u>CRC 1335118</u> Phone #: <u>352-318-0895</u></p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SHEET METAL</b></p> <p><input type="checkbox"/></p> <p>CC#</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>FIRE SYSTEM/</b></p> <p><b>SPRINKLER</b></p> <p><input type="checkbox"/></p> <p>CC#</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SOLAR</b></p> <p><input type="checkbox"/></p> <p>CC#</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>STATE</b></p> <p><b>SPECIALTY</b></p> <p><input type="checkbox"/></p> <p>CC#</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p><u>Need</u></p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>