

65670

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT #

48688

JOB NAME

Brown, Mitchell

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>Donald Davis</u> Signature <u>Donald Davis</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>380</u>	Company Name: <u>High Springs Electric, Inc.</u> License #: <u>EC0002306</u> Phone #: <u>386-623-0499</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Hal Maranto</u> Signature <u>Hal Th. Maranto</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>764</u>	Company Name: <u>Maranto Refrigeration / HVAC</u> <u>386-752-2713</u> License #: <u>CAC1814240</u> Phone #: <u>386-755-3757</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Maurice Perkins</u> Signature <u>Maurice Perkins</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>516</u>	Company Name: <u>ME. Perkins Construction & Plumbing, Inc.</u> License #: <u>CFC1426278</u> Phone #: <u>386-364-4439</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Frezell Rowe</u> Signature <u>Frezell Rowe</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>22A</u>	Company Name: <u>Rowe Roofing & General Construction, LLC</u> License #: <u>CC1335013</u> Phone #: <u>386-752-8941</u>	
SHEET METAL <input type="checkbox"/>	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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	