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APPLICATION/PERMIT# 50276 JOBNAME Land 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.

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| ELECTRICAL | Print Name Larry Laird | Signature Lany Land Englished | Need Lic Lic Liab |
| | Company Name: Se/f | | D W/C |
| | | Phone #: 6/86976438 | D DE |
| CC# | License #: | | Need |
| MECHANICAL/ | Print Name Laird | Signature Jary & Hole Kaus | □ Lic Liab |
| A/C | Company Name: Se/f | | D W/C |
| CC# | License #: | _ Phone #: | □ DE |
| PLUMBING/ | Print Name Larry Land | Signature Lang Exhib Land | Need Lic Liab |
| GAS | Company Name: Self | | D W/C |
| CC# | License #: | _ Phone #: | D DE |
| ROOFING | Print Name Larry Laird | _Signature Suy & Seule Karis | Need Uc |
| | Company Name: Se/f | | Uab W/C |
| CC# | License #: | Phone #: | D DE |
| SHEET METAL | Print Name Larry Laird | Signature Key Shiel Law! | Need Lic |
| | Company Name: Se/f | | U W/C |
| CC# | License #: | _Phone #: | D DE |
| FIRE SYSTEM/ | Print Name Larry Laird | Signature Lacy & Link Lawis | Need Lic |
| SPRINKLER | Company Name: Se/f | | _ U Liab |
| CC#_ | License#: | Phone #: | - D DE |
| SOLAR | Print Name Larry Loird | Signature Lour School Land | Need Dic |
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| | Company Name. | | D EX |
| CC# | License #: | Phone #: | - DE |
| STATE | Print Name Larry Laild | Signature Long Ether Emily | Need Uc |
| SPECIALTY | Company Name: Se/f | | _ 0 w/c |
| CC#_ | License #: | Phone #: | D EX |
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Ref: F.S. 440.103; ORD. 2016-30