

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 67653 JOB NAME Oasis Oaks, Inc.

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>Dennis Dumas</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	Company Name: <u>HIGH SPRINGS ELECTRIC INC</u> License #: <u>ECN0002306</u> Phone #: <u>386-623-4875</u>	
MECHANICAL/	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
A/C <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/	Print Name <u>Don 13-11c</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS	Company Name: <u>HOME TOWN PLUMBING</u> License #: <u>CFC1428890</u> Phone #: <u>386-754-6140</u>	
CC#		
ROOFING	Print Name <u>Ronnie Ederfield</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>SCCL, Inc</u> License #: <u>CBC1267457</u> Phone #: <u>386-752-5152</u>	
CC#		
SHEET METAL	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
CC#		
FIRE SYSTEM/	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPRINKLER <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
CC#		
SOLAR	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	
CC#		
STATE	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY	Company Name: _____ License #: _____ Phone #: _____	
CC#		