

39485

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Lot 25 - Turkey Creek

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.

*Sent Email 7/26
Jhey didn't work

ELECTRICAL <input checked="" type="checkbox"/>	Print Name: <u>Ryan Falknor</u> Company Name: <u>Falknor Electric, Inc.</u> License #: <u>EC13003153</u> Phone #: <u>352-318-8796</u>	Signature: <u>[Signature]</u>	Need: <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL <input type="checkbox"/>	Print Name: <u>Stephen Brisbois</u> Company Name: <u>Epic AC</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1009</u>	Signature: <u>[Signature]</u>	Need: <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING <input checked="" type="checkbox"/>	Print Name: <u>Dan Mossburg</u> Company Name: <u>Live Oak Plumbing</u> License #: <u>CFC1427438</u> Phone #: <u>386-209-3267</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
ROOFING <input checked="" type="checkbox"/>	Print Name: <u>Don Little</u> Company Name: <u>Don Little Roofing + Construction</u> License #: <u>CCC1330420</u> Phone #: <u>786-961-0006</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
SHEET METAL <input checked="" type="checkbox"/>	Print Name: <u>Donnie Davis</u> Company Name: <u>High Springs Electric</u> License #: <u>EC0002306</u> Phone #: <u>386-623-0499</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
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Ref: F.S. 440.103; ORD. 2016-30

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