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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 60640 JOB NAME 1211 Lake city SW Bascom Norris Dr.

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>Trever Townsend</u> Signature <u>Denny G. Townsend</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Townsend Electrical Contractors, LLC</u>	
CC#	License #: <u>EA 13016105</u> Phone #: <u>(386) 365-4643</u>	
MECHANICAL/A/C	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
PLUMBING/GAS	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
ROOFING	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
SHEET METAL	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
SOLAR	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
STATE	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic