

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

46872

JOB NAME

DAKISON

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>

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Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/> 1889	Print Name <u>Nancy Fulton</u> Signature <u>[Signature]</u> Company Name: <u>North Central FL A/C</u> CC# <u>1889</u> License #: <u>CAL 582604</u> Phone #: <u>386-954-7767</u>	Need Lic Liab W/C EX DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE



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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name: <u>Brennan Battles Jr</u>	Signature: <u>Brennan Battles Jr</u>	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: <u>Beast Electric, LLC</u>	License #: <u>EC13007878</u>	Phone #: <u>(352) 682-5785 or 850</u>
<b>MECHANICAL/</b> <b>A/C</b> <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 #: _____
<b>PLUMBING/</b> <b>GAS</b> <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 #: _____
<b>ROOFING</b> <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 #: _____
<b>SHEET METAL</b> <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 #: _____
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <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 #: _____
<b>SOLAR</b> <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 #: _____
<b>STATE</b> <b>SPECIALTY</b> <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 #: _____



## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

46872

JOB NAME

DAWSON

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<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Roger Whiddon</u> Signature <u>RWhiddon</u> Company Name: <u>Lake City Plumbing, Inc.</u> CC# <u>759</u> License #: <u>CFC1428686</u> Phone #: <u>386-754-7367</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

46872

JOB NAME

Dawson

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<b>MECHANICAL/ A/C</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/ GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name <u>John D HARRINGTON</u> Signature <u>[Signature]</u> Company Name: <u>House CRAFT Homes Res. &amp; Com. LLC</u> License #: <u>CGC</u> Phone #: <u>152 5 983</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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