

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 73540JOB NAME DAVIS

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 <input type="checkbox"/>	Print Name <u>Joseph Strada</u> Signature _____ Company Name: <u>Strada Electrical Services</u> License #: <u>EL13003715</u> Phone #: <u>321-830-0106</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Joseph Strada</u> Signature _____ Company Name: <u>Strada Services</u> License #: <u>CAC043953</u> Phone #: <u>321-830-0106</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Jeffrey Crabtree</u> Signature _____ Company Name: <u>Crabtree Plumbing</u> License #: <u>CFC032618</u> Phone #: <u>904-384-4604</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>Benjamin Keefer</u> Signature _____ Company Name: <u>Keefer Roofing</u> License #: <u>CCC1330509</u> Phone #: <u>362-514-4930</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 type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 73540 JOB NAME DAVIS

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>Joseph Strada</u> Signature _____ Company Name: <u>Strada Electrical Services</u> CCI# <u> </u> License #: <u>EL13003715</u> Phone #: <u>321-830-0106</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C	Print Name <u>Joseph Strada</u> Signature _____ Company Name: <u>Strada Services</u> CCI# <u> </u> License #: <u>CAC043953</u> Phone #: <u>321-830-0106</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/	Print Name <u>Jeffrey Crabtree</u> Signature _____ Company Name: <u>Crabtree Plumbing</u> CCI# <u> </u> License #: <u>CFC032618</u> Phone #: <u>904-384-4604</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS	Print Name <u>Benjamin Keeler</u> Signature _____ Company Name: <u>Keeler Roofing</u> CCI# <u> </u> License #: <u>CCC1330509</u> Phone #: <u>352-514-4930</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING	Print Name <u>Benjamin Keeler</u> Signature _____ Company Name: <u>Keeler Roofing</u> CCI# <u> </u> License #: <u>CCC1330509</u> Phone #: <u>352-514-4930</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	Print Name _____ Signature _____ Company Name: _____ CCI# _____ License #: _____ Phone #: _____	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	Print Name _____ Signature _____ Company Name: _____ CCI# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	Print Name _____ Signature _____ Company Name: _____ CCI# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE	Print Name _____ Signature _____ Company Name: _____ CCI# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY	Print Name _____ Signature _____ Company Name: _____ CCI# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 73540JOB NAME Davis

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>Joseph Strada</u> Signature <u>jl st</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>Strada Electrical Services</u>	
CC#		License #: <u>EL13003715</u> Phone #: <u>321-830-0106</u>	
MECHANICAL/A/C		Print Name <u>Joseph Strada</u> Signature <u>jl st</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>Strada Services</u>	
CC#		License #: <u>CAC043953</u> Phone #: <u>321-830-0106</u>	
PLUMBING/GAS		Print Name <u>Jeffrey Crabtree</u> Signature	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>Crabtree Plumbing</u>	
CC#		License #: <u>CFC032618</u> Phone #: <u>904-384-4604</u>	
ROOFING		Print Name <u>Benjamin Keeler</u> Signature	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>Keeler Roofing</u>	
CC#		License #: <u>CCC1330509</u> Phone #: <u>352-514-4930</u>	
SHEET METAL		Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>/</u>	
CC#		License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER		Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>/</u>	
CC#		License #: _____ Phone #: _____	
SOLAR		Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>/</u>	
CC#		License #: _____ Phone #: _____	
STATE		Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: <u>/</u>	
CC#		License #: _____ Phone #: _____	