

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 <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>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <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>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <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>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/c <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Benjamin Keeler</u> Signature _____ Company Name: <u>Keeler Roofing</u> License #: <u>CCC1330509</u> Phone #: <u>360-514-4930</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
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ 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
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ 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
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ 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
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ 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

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MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Joseph Strada</u> Signature _____	Need <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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PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Jeffrey Crabtree</u> 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: <u>Crabtree Plumbing</u> License #: <u>CFL032618</u> Phone #: <u>904-384-4604</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Benjamin Keeler</u> 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: <u>Keeler Roofing</u> License #: <u>CCC1330509</u> Phone #: <u>352-514-4930</u>	
SHEET METAL <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 #: _____	
FIRE SYSTEM/SPRINKLER <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
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SOLAR <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
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