SUBCONTRACTOR VERIFICATION

| | | LALLA | Sw old | 11/2 | 01 |
|----------------------|----------|-------|------------|------|-----|
| APPLICATION/PERMIT # | JOB NAME | 6349 | >u 0 1 | W | eka |

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 <u>REQUIRED</u> 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 | Signature | Need □ Lic |
|--------------|--|-----------|--------------|
| ELECTRICAL | Time Name_ VV V | Signature | □ Liab |
| | Company Name: | | □ w/c |
| CC# | 11 | DI# | □ EX |
| CC# | License #: | Pnone #: | DE |
| MECHANICAL | Vame | Signature | Need |
| T/A | anic_ | Signature | □ Lic □ Liab |
| A/C | lame: | | □ Liab |
| | | | □ EX |
| CC# | | Phone #: | □ DE |
| PLUMBING/ | Print | Cignoture | Need |
| PLOIVIBING/ | Fillit | Signature | □ Lic |
| GAS | Company | | □ Liab □ W/C |
| | | | □ EX |
| CC# | License #: | Phone #: | DE |
| ROOFING | Drint Name | Simulan | Need |
| KOOFING | Print Name | Signatur | □ Lic |
| | Company Name: | | □ Liab |
| 2000/2000 | | | □ W/C |
| CC# | License #: | | DE |
| SHEET METAL | Drint Name | | Need |
| SHEET WETAL | Print Name | | D Lic |
| 1 1 1 | Company Name: | | ☐ Liab |
| | | | □ EX |
| CC# | License #: | | DE |
| FIRE SYSTEM/ | Print Name | | Need □ Lic |
| | | | □ Liab |
| SPRINKLER | Company Name: | | □ w/c |
| CC# | License#: | Phone #: | □ EX |
| | Electiscii. | THOREW. | DE |
| SOLAR | Print Name | Signature | Need |
| | The state of the s | | □ Liab |
| | Company | | □ w/c |
| CC# | Licep | Phone #: | □ EX |
| | | Thomas | □ DE |
| STATE | | Signature | Need □ Lic |
| Jane L | | | □ Liab |
| SPECIALTY | Name: | | □ w/c |
| | 1 | | □ EX |
| CC# | se #: | Phone #: | □ DE |

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