

65

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Dermott

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>Albert Welsh</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Electrical Technologies</u>	
	License #: <u>EC-0001484</u> Phone #: <u>904-723-6541</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Clinton G. Wilson</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Wilson Heat & Air Inc.</u>	
	License #: <u>CAC057886</u> Phone #: <u>(386) 456-9000</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Aaron Hokanson</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Aaron's Plumbing Corporation</u>	
	License #: <u>CFC1426264</u> Phone #: <u>(386) 365-1667</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Joshua Meddoy</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Meddoy Construction</u>	
	License #: <u>CBC1259612</u> Phone #: <u>(386) 984-5413</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	