

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # 46783 JOB NAME Glenwood King

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 checked="" type="checkbox"/>	Print Name <u>Marcus Matthews</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>76</u>	Company Name: <u>Matthews Electric</u>	
	License #: <u>EC13005459</u> Phone #: <u>386-344-2089</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
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 #: _____	

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Harry Moseley</u> Signature <u>Harry Moseley</u> Company Name: <u>Harry's Heating & AC Inc</u> License #: <u>RA0030316</u> Phone #: <u>386-752-2308</u>	Need - Lic - Liab - W/C - EX - DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE

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ELECTRICAL	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 #: _____	
MECHANICAL/ A/C	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS	Print Name <u>Barr's Plumbing</u> Signature <u>[Signature]</u> Company Name: <u>Cady Barr's</u> License #: <u>CFC1427145</u> Phone #: <u>386 627-0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>715</u>		
ROOFING	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	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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ELECTRICAL	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	
MECHANICAL/A/C	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	
PLUMBING/GAS	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name <u>Keller</u>		
CCB# _____	License # _____	Phone # _____	
ROOFING	Print Name <u>Ben Keller</u>	Signature <u>[Signature]</u>	CCB# <u>18669</u>
<input checked="" type="checkbox"/>	Company Name <u>Keller Roofing</u>		
CCB# <u>18669</u>	License # <u>000133000</u>	Phone # <u>392-6141</u>	
SHEET METAL	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	
HIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	
SOLAR	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	
STATE SPECIALTY	Print Name _____	Signature _____	CCB# _____
<input type="checkbox"/>	Company Name _____		
CCB# _____	License # _____	Phone # _____	