Parcel: 21-5S-17-09308-055

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME 592 SW Churchill Way, Lake City, FL 32025

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 ☐ CC# _____	Print Name DONALD DAVIS Signature DONALD DAVIS Company Name: HIGH SPRINGS ELECTRIC & AIR License #: EC0002306 Phone #: 386 623-0499	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC# _____	Print Name DONALD DAVIS Signature DONALD DAVIS Company Name: HIGH SPRINGS ELECTRIC & AIR License #: CAC2815367 Phone #: 386 623-0499	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC# _____	Print Name JAMES BUTLER Signature James Butler Company Name: BUTLER PLUMBING License #: CFC057960 Phone #: 352 316-0904	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name TABITHA SIBEL Signature Tabitha Sibel Company Name: RJH CONSTRUCTION License #: CCC1331967 Phone #: 954 444-7941	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Uc ☐ Liab ☐ W/C ☐ EX ☐ DE