

Columbia County

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Clarence Pender

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>CAR Electrical</u> Signature <u>RE</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____	Company Name: <u>Randy Collins</u> License #: <u>EC13005730</u> Phone #: <u>1-904-291-9436</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Dave Scott</u> Signature <u>Dave Scott</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____	Company Name: <u>Dave Scott Heating and Air LLC</u> License #: <u>CAC1814204</u> Phone #: <u>904 654 8500</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Rex Cramer</u> Signature <u>Rex Cramer</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____	Company Name: <u>TJ Plumbing</u> License #: <u>CFC1431268</u> Phone #: <u>386-253-7425</u>	
ROOFING <input type="checkbox"/>	Print Name <u>James Alan Plant II</u> Signature <u>James Plant II</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____	Company Name: <u>Legacy Roofing Construction of NFL INC</u> License #: <u>CCC1333244</u> Phone #: <u>(904) 413-7114</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
CCH _____	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
CCH _____	Company Name: _____ License #: _____ Phone #: _____	
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
CCH _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <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
CCH _____	Company Name: _____ License #: _____ Phone #: _____	