

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME Perez, Awilda New Home

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>Glenn Whittington</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: <u>Whittington Electric</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1700</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Stephen Mollman</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: <u>Mollman A/C & Heat</u> License #: <u>CAC1819696</u> Phone #: <u>352-339-6640</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Don Bills</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: <u>Home town Plumbing Services LLC</u> License #: <u>CIC# 1428890</u> Phone #: <u>386-754-6140</u>	
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 #: _____	