

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Bullard Residence

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

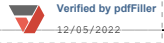
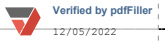
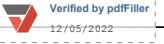
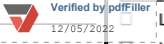
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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 <u>Matt Burns</u> Signature <u>Matt Burns</u>  Company Name: <u>Burns Electrical Services</u> License #: <u>EC13006531</u> Phone #: <u>386-935-0444</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CC# _____	Print Name <u>Clint Wilson</u> Signature <u>Clint Wilson</u>  Company Name: <u>Wilson's Heat & Air</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CC# _____	Print Name <u>Don Bills</u> Signature <u>Don Bills</u>  Company Name: <u>Hometown Plumbing</u> License #: <u>CFC1428890</u> Phone #: <u>386-754-6140</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name <u>Blake N Lunde II</u> Signature <u>Blake N Lunde II, President</u>  Company Name: <u>Blake Roofing Inc</u> License #: <u>CCC1331699</u> Phone #: <u>386-754-5810</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE