SUBCONTRACTOR VERIFICATION

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APPLICATION/PERMIT#_ 50198	JOB NAME Clarks	
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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

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	Print Name Nach Matthews Signature Nauvillelles	Need
_	Company Name: Matthews Elchric LLC	□ Liab
CC#	License #: EC13005459 Phone #: (386) 344-2029	□ W/c
MECHANICAL		O DE
A/C	Company Name: Harry's Heating of Air Condifioning Inc	□ Lic □ Liab
CC#	License #: RA0030316 Phone #: 3%-752 - 2308	□ w/c
PLUMBING/	Print Name Signature	Need Need
GAS	Company Name:	□ Lfc □ Uab
CC#	License #: Phone #:	— □ W/c
OOFING	Print NameSignature	Need Need
	Company Name:	— □ Lic
C#	License #:Phone #:	— □ w/c □ ex
HEET METAL	Print NameSignature	Need
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RE SYSTEM/	Print NameSignature	Need Need
RINKLER	Company Name:	— □ Uc □ Liab
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LAR	Print NameSignature	Need Need
	Company Name:	Lic Lic Liab
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Ref: F.S. 440.103; ORD. 2016-30

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APPLICATION/PERMIT	# /) \	5198	JOB NAME	U	ayton
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ELECTRICAL	Print Name Nack Matthews Signature Signature	Need C Lic
CC#	License #: <u>EC/JC05459</u> Phone #:	D BX
MECHANICAL/	Print NameSignature	Need C Inc
CCH	Company Name:Phone #:Phone #:	G tu
PLUMBING/ GAS	Print Name Cooly Bom Signature Company Name: Bom Plumbing, Inc.	Need D Lie CI Lie CI W
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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #	JOB NAME Cindy	+ Buddy	· C/4	you	
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ELECTRICAL	Print Name Name Matthews Signature Signature	Need ☐ Lic ☐ Liab
CC#	Company Name: License #: Phone #:	□ w/c □ EX □ DE
MECHANICAL/		Need
A/C	Company Name:	□ Lic □ Liab
CC#	License #: Phone #:	— □ W/C □ EX □ DE
PLUMBING/	Print Name Signature	Need
GAS	Company Name:	□ Lic □ Liab
CC#	License #: Phone #:	□ .W/c □ EX □ DE
ROOFING	Print Name Robert Feus & Signature Robert four	Need
	Company Name: Rubbie) Roof 144	—— □ Lic □ Liab
CC#	License #: PC24027319 Phone #: 386 755-5137	— □ w/c
SHEET METAL		DE Need
SHEET WEIGH	Print NameSignature	D Lic
<u> </u>	Company Name:	C Liab
	License #: Phone #:	
FIRE SYSTEM/	Print NameSignature	Need U Lic
SPRINKLER	Company Name:	□ Llab
CC#	License#: Phone #:	— ⊕ w/c □ EX — ⊕ DE
SOLAR	Print NameSignature	Need D Lic
	Company Name:	□ □ Liab □ W/C
CC#	License #: Phone #:	D EX
STATE	Print NameSignature	Need Lic
SPECIALTY	Company Name:	_ D Liab
CC#	License #: Phone #:	EX EX