

<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ SPECIALTY <input type="checkbox"/> STATE
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ SOLAR <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ SHEET METAL <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ ROOFING <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: _____ Company Name: _____ Print Name: _____ Signature: _____ Phone #: _____	CC# _____ GAS PLUMBING/ <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: <u>OTC 1427145</u> Company Name: <u>Colby Harris</u> Print Name: <u>Colby Harris</u> Signature: <u>[Signature]</u> Phone #: <u>386 623-0509</u>	CC# _____ MECHANICAL/ A/C <input type="checkbox"/>
<input type="checkbox"/> DE <input type="checkbox"/> EX <input type="checkbox"/> W/C <input type="checkbox"/> Lab <input type="checkbox"/> Lic Need	License #: <u>EG0003306</u> Company Name: <u>High Springs Electric &amp; Air</u> Print Name: <u>Donald Davis</u> Signature: <u>[Signature]</u> Phone #: <u>386-623-0199</u>	CC# _____ ELECTRICAL <input type="checkbox"/>

Violations will result in stop work orders and/or fines.  
 submitted to our office, before that work has begun.  
 NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>  
 the Columbia County Building Department.  
 NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with  
 contractors permit.

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

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

APPLICATION/PERMIT # 46960 JOB NAME \_\_\_\_\_

**SUBCONTRACTOR VERIFICATION**

65

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME \_\_\_\_\_

**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.

<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>ELECTRICAL</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>MECHANICAL/A/C</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>Melvin Bone</u> Signature: <u>[Signature]</u> Company Name: <u>Bone Hts &amp; A/c Conditioning</u> License #: <u>CAC1815851</u> Phone #: <u>329-559-9600</u>	<input type="checkbox"/>	<b>PLUMBING/ GAS</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>ROOFING</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>SHEET METAL</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>FIRE SYSTEM/ SPRINKLER</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>SOLAR</b>
<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/>	<b>STATE SPECIALTY</b>

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME \_\_\_\_\_

**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.

<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>Donna Davis</u> Company Name: <u>High Springs Etc</u> License #: <u>386 623 0499</u> Phone #: <u>386 623 0499</u> Signature: <u>F-made in</u>	ELECTRICAL
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>Wilson or DJ Williams</u> Company Name: <u>Discussing Pricing now</u> License #: <u>will meet again on</u> Phone #: <u>Sept 4</u>	A/C
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>Carly Batts</u> Company Name: <u>Batts Plumbing</u> License #: <u>CFC 142 7145</u> Phone #: <u>386 623 0509</u> Signature: <u>I will call followe</u>	PLUMBING/ GAS
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>completed</u> Company Name: _____ License #: _____ Phone #: _____	ROOFING
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	SHEET METAL
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: <u>Robert Taylor</u> Company Name: <u>Cater R/f - Certified Hood installer</u> License #: _____ Phone #: <u>229 221 3884</u> Signature: _____	FIRE SYSTEM/ SPRINKLER
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	SOLAR
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	STATE
<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	SPECIALTY