

Columbia County Building Department  
135 NE Hernando Ave, Suite B-21  
Lake City, FL 32055  
Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

## Change of Subcontractor Request

### Permit Information

- Permit # 64438
- Property Owner FORT White Community Thrift Shop (FWCTS)
- Job Site Address 6344 SW CR-18  
FORT White, FL 32038
- Original Subcontractor Burns Electrical Services
- License # EC13006531
- New Subcontractor Line Electric Company, LLC
- License # EC13009101

Trade (i.e. Electrical, Plumbing, HVAC, etc) Electrical

FOR OFFICE USE	RECEIVED
DATE RECEIVED	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>
COMPLETED/CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE PROCESSED
NOTES	PROCESSED BY

### Reason for Change:

Availability and pricing.

### Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

### Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor

### Signatures (All must be notarized)

- Property Owner (If Owner-Builder)

Printed Name Doug Moseley for FWCTS Date 11-13-2025

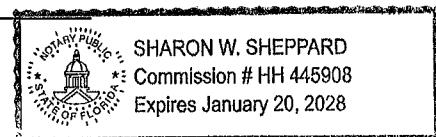
Signature Doug Moseley

State FL County Columbia

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 13 day of NOV, 2025, by Doug Moseley, who is  personally known to me or  has provided the following identification.

Notary Printed Name Sharon W. Sheppard

Notary Seal



- General Contractor

Printed Name Vincent Robinson Date 11-14-2025

Signature Vincent Robinson

State Florida County Union

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 14th day of November, 2025, by VINCENT Robinson, who is  personally known to me or  has provided the following identification.

Notary Printed Name Kristen E. Popell



Notary Signature Kristen E. Popell

KRISTEN E. POPELL  
MY COMMISSION # HH 234929  
EXPIRES: June 28, 2026

Published 10/2025

# Subcontractor Verification Form

APPLICATION/PERMIT # 000051097 JOB NAME \_\_\_\_\_

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

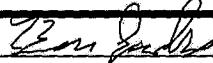
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the General Contractor's permit.

**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.*

**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

Printed Name: Benjamin Sparks Signature:   
Company Name: Line Electric Company, LLC Owner   
License #: EC13009101 Phone #: 386-361-0046

### MECHANICAL / A/C

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PLUMBING / GAS

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ROOFING

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### FIRE SYSTEM / SPRINKLER

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SOLAR

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### STATE SPECIALTY

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_