

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47978

JOB NAME Tabernacle Baptist Kitchen Addition

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


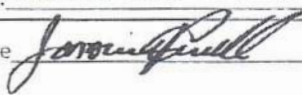
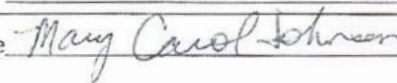
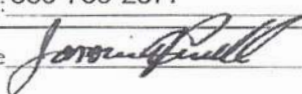
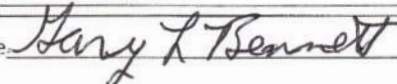
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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 checked="" type="checkbox"/>	Print Name <u>Terrence Blake Iverson</u>  Company Name: <u>Hometown Electrical LLC</u> License #: <u>ER13015674</u> Phone #: <u>904-316-1045</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name <u>Jason Harrell</u> Signature  Company Name: <u>Harrell's Marine Mechanical, Inc.</u> License #: <u>CMC1250142</u> Phone #: <u>904-693-9326</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u>See second page for signature</u> Company Name: <u>Barrs Plumbing, Inc.</u> License #: <u>CFC1427145</u> Phone #: <u>386-623-0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Mary C. Johnson</u> Signature  Company Name: <u>RCRA Johnson Roofing</u> License #: <u>CCC1330073</u> Phone #: <u>386-755-2377</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input checked="" type="checkbox"/>	Print Name <u>Jason Harrell</u> Signature  Company Name: <u>Harrell's Marine Mechanical, Inc.</u> License #: <u>CMC1250142</u> Phone #: <u>904-693-9326</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input checked="" type="checkbox"/>	Print Name <u>Gary L. Bennett</u> Signature  Company Name: <u>Bennett's Fire Protection Systems</u> License #: <u>14-000229</u> Phone #: <u>229-559-6327</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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ELECTRICAL <input checked="" type="checkbox"/> CC# <u>TBD</u>	Print Name <u>Terrence Blake Iverson</u> Company Name <u>Hometown Electrical LLC</u> License # <u>ER13015674</u>	Signature <u>[Signature]</u> Phone # <u>904-316-1045</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> CC# <u>2396</u>	Print Name <u>Jason Harrell</u> Company Name <u>Harrell's Marine Mechanical, Inc.</u> License # <u>CMC1250142</u>	Signature <u>[Signature]</u> Phone # <u>904-693-9326</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/> CC# <u>0715</u>	Print Name <u>Cody Barrs</u> Company Name <u>Barrs Plumbing, Inc.</u> License # <u>CFC1427145</u>	Signature <u>[Signature]</u> Phone # <u>386-623-0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/> CC# <u>2399</u>	Print Name <u>Robert Barber</u> Company Name <u>BFA Contracting Inc</u> License # <u>CCC1528293</u>	Signature <u>[Signature]</u> Phone # <u>904-858-5817</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input checked="" type="checkbox"/> CC# <u>2396</u>	Print Name <u>Jason Harrell</u> Company Name <u>Harrell's Marine Mechanical, Inc.</u> License # <u>CMC1250142</u>	Signature <u>[Signature]</u> Phone # <u>904-693-9326</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input checked="" type="checkbox"/> CC# <u>1962</u>	Print Name <u>Gary L. Bennett</u> Company Name <u>Bennett's Fire Protection Systems</u> License # <u>14-000229</u>	Signature <u>[Signature]</u> Phone # <u>229-559-0327</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Company Name _____ License # _____	Signature _____ Phone # _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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