

**SUBCONTRACTOR VERIFICATION**APPLICATION/PERMIT # 673660 JOB NAME Heath & Alexa Boothe**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

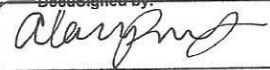
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

**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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/> CC# _____	Print Name <u>Alaina Perry</u> Signature _____ Company Name: <u>North Florida Maintance and Repair</u> License #: <u>ER13016315</u> Phone #: <u>386- 984-2607</u>	DocuSigned by:  25410FC3F477411...	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/ GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

07300

JOB NAME

Heath & Alexa Boote

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<b>ELECTRICAL</b>	Print Name: <u>Rui</u>	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
<b>MECHANICAL/A/C</b>	Print Name: <u>Rob Jarvis</u>	Signature: <u>[Signature]</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>JARVIS Heat &amp; Air</u>		
CC# _____	License #: <u>CAC1816766</u>	Phone #: <u>386 496-4603</u>	
<b>PLUMBING/GAS</b>	Print Name: <u>Roger Whiddon</u>	Signature: <u>[Signature]</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>Lake City Plumbing</u>		
CC# _____	License #: <u>CFC 1428686</u>	Phone #: <u>386-754-7367</u>	
<b>ROOFING</b>	Print Name: <u>Nicholas Tyre</u>	Signature: <u>[Signature]</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>Creative Concepts</u>		
CC# _____	License #: <u>CCC 1334900</u>	Phone #: <u>(386) 365-8690</u>	
<b>SHEET METAL</b>	Print Name: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
<b>SOLAR</b>	Print Name: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
<b>STATE SPECIALTY</b>	Print Name: _____	Signature: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	