

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME Lot 21, Turkey Creek subdivision

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 type="checkbox"/>	Print Name <u>Nervin Hines</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Hines Electrical + Comm.</u> License #: <u>EC13003393</u> Phone #: <u>352-472-4277</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>DAVID HALL</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>DAVID HALL'S, INC</u> License #: <u>CACO57424</u> Phone #: <u>386-755-9792</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Calvin Burns</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Burns Plumb</u> License #: <u>CFC1127195</u> Phone #: <u>386-623-0509</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Kevin Badenbaugh</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Plumb Level Const</u> License #: <u>CCC#1329482</u> Phone #: <u>386-365-5264</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	