

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

LOT 4 LEGION

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>CHANCEY PADGETT</u> Signature _____ Company Name: <u>VINTAGE ELECTRIC, INC</u> License #: <u>EC0001198</u> Phone #: <u>352-371-8021</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>Erik Wothmann</u> Signature _____ Company Name: <u>COMFORT TEMP HEATING & AIR</u> License #: <u>CMC1249305</u> Phone #: <u>352-376-2366</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 _____ Signature _____ Company Name: <u>BARRS PLUMBING</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</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 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
SHEET METAL <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
FIRE SYSTEM/SPRINKLER <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
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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CC# _____	Company Name: <u>VINTAGE ELECTRIC, INC</u> License #: <u>EC13007542</u> Phone #: <u>352-371-8021</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>COMFORT TEMP HEATING & AIR</u> License #: <u>CMC1249305</u> Phone #: <u>352-376-2366</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>BARRS PLUMBING</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
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
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MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: <u>COMFORT TEMP HEATING & AIR</u> License #: <u>CMC1249305</u> Phone #: <u>352-376-2366</u>	
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name _____ Signature <u>Cody Barrs</u>	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: <u>BARRS PLUMBING</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	