

SUBCONTRACTOR VERIFICATION

JOB NAME COKER 636 SE Baya Drive

APPLICATION/PERMIT # _____

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.

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|------------------------------|--------------------------|--|---|
| ELECTRICAL | <input type="checkbox"/> | Print Name <u>Frank Rodriguez</u> Signature <u>[Signature]</u> Company Name: <u>Kendall Lightning and Electric Contractors, LLC</u> License #: <u>ER 13015720</u> Phone #: <u>904-631-1816</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 type="checkbox"/> | Print Name <u>Arthur D Scott</u> Signature <u>[Signature]</u> Company Name: <u>Dave Scott Heating And Air, LLC</u> License #: <u>CAC1814204</u> Phone #: <u>904-438-9227</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 type="checkbox"/> | Print Name <u>Daniel Waskom</u> Signature <u>[Signature]</u> Company Name: <u>All American Plumbing</u> License #: <u>CFC1430925</u> Phone #: <u>352-375-3223</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 <u>James Plant</u> Signature <u>[Signature]</u> Company Name: <u>Legacy Roofing and Construction of NFL, Inc</u> License #: <u>CCC 1333244</u> Phone #: <u>904-413-7114</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 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 |