

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 41128 JOB NAME Vision Properties
243 SW Loblolly Place
Wesley Chapel, FL 32793
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	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
MECHANICAL/	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
A/C <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
PLUMBING/	Print Name <u>Daniel R. Mossburg</u> Signature <u>Daniel Mossburg</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS <input type="checkbox"/>	Company Name: <u>Live Oak Plumbing Inc</u>	
CC# _____	License #: <u>CFC1427438</u> Phone #: <u>386-360-1767</u>	
ROOFING	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SHEET METAL	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPRINKLER <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SOLAR	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
STATE	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	

RECEIVED
THIS IS TO VERIFY THAT ALL GOODS ORDERED HAVE BEEN RECEIVED AND ARE IN GOOD CONDITION.
SIGNATURE
1/19/21
DATE
N/A
ACCT #