

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Hardegree Modular Home

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


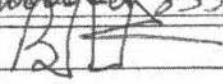
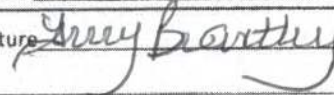
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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>Jacob Grener</u>	Signature <u></u>	Need
	Company Name: <u>Grener Electric</u>		<input type="checkbox"/> Lic
CC# _____	License #: <u>EC13009274</u>	Phone #: <u>833-447-3037</u>	<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>Barry DePriest</u>	Signature <u></u>	Need
	Company Name: <u>DePriest Heating & Air</u>		<input type="checkbox"/> Lic
CC# _____	License #: <u>CAC-056348</u>	Phone #: <u>386-328-0000</u>	<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 <u>Terry Brantley</u>	Signature <u></u>	Need
	Company Name: <u>Brantley Plumbing</u>		<input type="checkbox"/> Lic
CC# _____	License #: <u>CFC052687</u>	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____	Signature _____	Need
	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<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 _____	Need
	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<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 _____	Need
	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need
	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<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 _____	Need
	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE