

2022-12-13_161831.pdf

Done

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>Billy Santerfelt Sr.</u> Signature <u>Billy Santerfelt Sr.</u>
CC# <input type="checkbox"/>	Company Name: <u>Billy Santerfelt Electric Inc</u>
	License #: <u>EC 13003396</u> Phone #: <u>352-472-5511</u>
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>JOHNNY BURROWS</u> Signature <u>Johnny Burrows</u>
CC# <input type="checkbox"/>	Company Name: <u>THOROUGHbred HEATING AND AIR</u>
	License #: <u>CAC058257 352-318-2369</u> Phone #: <u>352-472-5511</u>
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>PAUL K. COLEMAN</u> Signature <u>Paul K. Coleman</u>
CC# <input type="checkbox"/>	Company Name: <u>COLEMAN'S PLUMBING INC.</u>
	License #: <u>CFC 1425624</u> Phone #: <u>352-472-4114</u>
ROOFING <input type="checkbox"/>	Print Name <u>Michael McFall</u> Signature <u>Michael McFall</u>
CC# <input type="checkbox"/>	Company Name: <u>McFall Builders Inc.</u>
	License #: <u>CCC1330823</u> Phone #: <u>352-377-5512</u>
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____
CC# <input type="checkbox"/>	Company Name: _____
	License #: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____
CC# <input type="checkbox"/>	Company Name: _____
	License #: _____ Phone #: _____
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____
CC# <input type="checkbox"/>	Company Name: _____
	License #: _____ Phone #: _____
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____
CC# <input type="checkbox"/>	Company Name: _____
	License #: _____ Phone #: _____