

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 48710 JOB NAME Egger/Burnett

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>Dwight R. Hollingsworth</u> Signature: <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# <u>37</u>	Company Name: <u>Abely Electric Inc</u> License #: <u>EC13005427</u> Phone #: <u>386-755-8744</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name: <u>Harry Moseley</u> Signature: <u>Harry Moseley</u>	Need - Lic - Liab - W/C - EX - DE
CC# <u>327</u>	Company Name: <u>Harry's Heating Air Inc</u> License #: <u>RA 0030316</u> Phone #: <u>386-752-2308</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name: <u>Cody Barrs</u> Signature: <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# <u>715</u>	Company Name: <u>Barrs Plumbing</u> License #: <u>CFL 1427145</u> Phone #: <u>386-623-0509</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name: <u>Darin L. Summerlin</u> Signature: <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# <u>534</u>	Company Name: <u>Summerlin Roofing Inc.</u> License #: <u>CCC1326192</u> Phone #: <u>386-288-5426</u>	
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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	