

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Lot 10 329 SE Holly Terrace

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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>

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<b>ELECTRICAL</b> <input checked="" type="checkbox"/> CC# <u>000871</u>	Print Name _____ Signature _____ Company Name: <u>D&amp;S Lighting, Inc</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/> CC# <u>002024</u>	Print Name _____ Signature _____ Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/> CC# <u>000715</u>	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/> CC# <u>001129</u>	Print Name _____ Signature _____ Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Dennis Conklin</u> Signature <u>[Signature]</u> Company Name: <u>D&amp;S Lighting, Inc</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lias <input type="checkbox"/> W/C <input type="checkbox"/> LK

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CC# <u>000871</u>		
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Franks &amp; Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>002024</u>		
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CC# <u>000715</u>		
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>Dana Johnson</u> Signature <u>[Signature]</u> Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>001129</u>		
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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CC# _____		

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME 179 SW Greenwood Ter, FT White, FL

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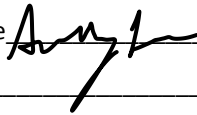
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<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/> CC# _____	Print Name <u>Anthony Franks</u> Signature  Company Name: <u>Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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