

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Boyd

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 <u>Math Burns</u> Signature <u>Math Burns</u> Company Name: <u>Math Burns Electric</u> License #: <u>356-365-3658</u> Phone #: <u>407-1306531</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☒	Print Name <u>DL Williams</u> Signature <u>DL Williams</u> Company Name: <u>DL Williams Heating & Cooling</u> License #: <u>CAC181913</u> Phone #: <u>386-254-1987</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☒	Print Name <u>Bon Bill</u> Signature <u>Bon Bill</u> Company Name: <u>Hometown Plumbing</u> License #: <u>CFC142890</u> Phone #: <u>386-154-6140</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☒	Print Name <u>Mike Todd</u> Signature <u>Mike Todd</u> Company Name: <u>Mike Todd Construction</u> License #: <u>CGC006209</u> Phone #: <u>386-715-4387</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE