

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 61356

JOB NAME Nickelson/Lobolly

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>Dennis Conklin</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u>D&S Lighting Inc</u> License #: <u>EC13003800</u> Phone #: <u>386 623 9055</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u>Wilson Heat & Air Inc.</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u> </u> Signature <u> </u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u> </u> License #: <u> </u> Phone #: <u> </u>	
ROOFING <input type="checkbox"/>	Print Name <u>Tyler Turner</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1330410</u>	Company Name: <u>TMT Roofing</u> License #: <u>CCC 1330410</u> Phone #: <u>386-755-0086</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u> </u> Signature <u> </u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u> </u> License #: <u> </u> Phone #: <u> </u>	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name <u> </u> Signature <u> </u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u> </u> License #: <u> </u> Phone #: <u> </u>	
SOLAR <input type="checkbox"/>	Print Name <u> </u> Signature <u> </u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u> </u> License #: <u> </u> Phone #: <u> </u>	
STATE SPECIALTY <input type="checkbox"/>	Print Name <u> </u> Signature <u> </u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u> </u> License #: <u> </u> Phone #: <u> </u>	

Ref: F.S. 440.103; ORD. 2016-30