

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME LOT 2 LEBION DR LAKE CITY, FL

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>Chancey Padgett</u> Company Name: <u>Vintage Electric, Inc.</u> License #: <u>EC0001198</u>	Signature <u>Chancey Padgett</u> Phone #: <u>352-371-8021</u>	Need Lic Liab W/C EX DE
MECHANICAL A/C <input checked="" type="checkbox"/>	Print Name <u>Erik Worsmann</u> Company Name: <u>Comfort Temp Heating + Air</u> License #: <u>CMC1249305</u>	Signature <u>Erik Worsmann</u> Phone #: <u>352-376-2366</u>	Need Lic Liab W/C EX DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Kenneth Ault</u> Company Name: <u>Kenneth Edward Ault Plumbing, Inc.</u> License #: <u>CFC1429807</u>	Signature <u>Kenneth Ault</u> Phone #: <u>386-697-3856</u>	Need Lic Liab W/C EX DE
ROOFING <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need Lic Liab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need Lic Liab W/C EX DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need Lic Liab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need Lic Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need Lic Liab W/C EX DE