

APPLICATION/PERMIT # _____

JOB NAME

Belyea Residence 9 Ga

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 type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> W <input type="checkbox"/> E <input type="checkbox"/> D
MECHANICAL A/C <input checked="" type="checkbox"/> CC# EN1845	Print Name Tom Courtney Signature [Signature] Company Name: Performance Heating & Air License #: CAC1818001 Phone #: (352) 538-6404	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
PLUMBING GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
FIRE SYSTEM SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> E <input type="checkbox"/> D