

SUBCONTRACTOR VERIFICATION

3
SCANNED

APPLICATION/PERMIT #

48822

JOB NAME

Jim Force

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>Charles E. Sanford</u> Signature <u>[Signature]</u>	Need - LC - Lab - W/C - EX - DE
CC# <u>001951</u>	Company Name: <u>Energy Electric Inc.</u> License #: <u>EC 0000175</u> Phone #: <u>386-935-1860</u>	
MECHANICAL/A/C ☒	Print Name <u>James Force</u> Signature <u>[Signature]</u>	Need - LC - Lab - W/C - EX - DE
CC#	Company Name: <u>OWNER</u> License #: <u>NO A/C UNIT</u> Phone #: <u>386 314 8135</u>	
PLUMBING/GAS ☒	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u>	Need - LC - Lab - W/C - EX - DE
CC# <u>000715</u>	Company Name: <u>Barrs Plumbing INC.</u> License #: <u>CFC 1427145</u> Phone #: <u>386-752-8656</u>	
ROOFING ☐	Print Name _____ Signature _____	Need - LC - Lab - W/C - EX - DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
METAL BUILDING ☒	Print Name <u>Mark Cantrell</u> Signature <u>[Signature]</u>	Need - LC - Lab - W/C - EX - DE
CC# <u>2459</u>	Company Name: <u>Cantrell's Construction Inc.</u> License #: <u>CRC 1262367</u> Phone #: <u>352-213-7458</u>	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need - LC - Lab - W/C - EX - DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need - LC - Lab - W/C - EX - DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need - LC - Lab - W/C - EX - DE
CC#	Company Name: _____ License #: _____ Phone #: _____	