

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME METZ MOORE HOME

**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.columbiacountyil.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.

<b>ELECTRICAL</b>	Print Name _____	Signature _____	Head
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>MECHANICAL/</b>	Print Name <u>Lonnie Buechi</u>	Signature <u>Lonnie Buechi</u>	Head
<b>A/C</b> <input checked="" type="checkbox"/>	Company Name <u>A.C.E Heat and Air</u>		<input type="checkbox"/> Lic
CC# _____	License # <u>CAC1817024</u>	Phone # <u>306-497-2216</u>	<input type="checkbox"/> Lab
			<input checked="" type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name _____	Signature _____	Head
<b>GAS</b> <input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name _____	Signature _____	Head
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____	Signature _____	Head
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>FIRE SYSTEM/</b>	Print Name _____	Signature _____	Head
<b>SPRINKLER</b> <input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____	Signature _____	Head
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE
<b>STATE</b>	Print Name _____	Signature _____	Head
<b>SPECIALTY</b> <input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EC
			<input type="checkbox"/> DE

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME METZ MODEL HOME

**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>

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Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



# SUBCONTRACTOR VERIFICATION

JOB NAME MGT MODEL HOME

APPLICANT

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

One permit will cover all trades doing work at the permitted site. It is the responsibility of the subcontractors who actually did the trade specific work under the general

contractor to make sure that all of the subcontractors are licensed with the appropriate license from the State of Tennessee.

For more information, please visit <http://www.columbiacountytnia.com/PermitSearch/ContractorSearch.aspx>

It is your responsibility to have a corrected form submitted to our office, before that work has begun.

Failure to do so will result in stop work orders and/or fines.

<b>ELECTRICAL</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>MECHANICAL</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>PLUMBING</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name <u>Robert Oaks</u>	Signature <u>[Signature]</u>	<b>Need</b>
<input type="checkbox"/>	Company Name <u>Oaks Roofing</u>		<input type="checkbox"/> Lic
CC# <u>1828699</u>	License # <u>0001828699</u>	Phone # <u>386-364-4838</u>	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>FIRE SYSTEMS</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>STATE SPECIALTY</b>	Print Name _____	Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name _____		<input type="checkbox"/> Lic
CC# _____	License # _____	Phone # _____	<input type="checkbox"/> Lab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>Matt Burns</u> Signature <u>Matt H Burns</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Burns Electrical Services Inc</u>	
	License #: <u>EC 13006531</u> Phone #: <u>386 365 3688</u>	
<b>MECHANICAL/ A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>PLUMBING/ GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	