

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

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>David Wood</u> Company Name: <u>Wood's Electrical Services, Inc.</u> License #: <u>EC15002213</u> Phone #: _____	Signature: <u>[Signature]</u> Need: <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input checked="" type="checkbox"/> EX <input checked="" type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name: <u>David Hall</u> Company Name: <u>Hall's Heating and Air</u> License #: <u>CAC057424</u> Phone #: _____	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
PLUMBING/GAS <input type="checkbox"/>	Print Name: <u>Roger Whiddon</u> Company Name: <u>Lake City Plumbing, Inc.</u> License #: <u>ECFC1488686</u> Phone #: <u>386-667-6755</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
ROOFING <input type="checkbox"/>	Print Name: <u>Matt Hentzelman</u> Company Name: <u>Trademark Construction Group, Inc.</u> License #: <u>CCC1329208</u> Phone #: <u>386-755-5254</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
SHEET METAL <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____ Need: <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____ Need: <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____ Need: <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name: _____ Company Name: _____ License #: _____ Phone #: _____	Signature: _____ Need: <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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ELECTRICAL <input type="checkbox"/> CC# _____	Print Name <u>David Wood</u> Signature <u><i>D.C. Wood</i></u> Company Name: <u>Wood's Electrical Services Inc.</u> License #: <u>EC13002213</u> Phone #: <u>386-623-1132</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> CC# _____	Print Name <u>Glenn J. Jones</u> Signature <u><i>[Signature]</i></u> Company Name: <u>Glenn J. Jones, Inc.</u> License #: <u>CAC032433</u> Phone #: <u>386-867-0424</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> CC# _____	Print Name <u>Roger Whiddon</u> Signature <u><i>RWhiddon</i></u> Company Name: <u>Lake City Plumbing, Inc.</u> License #: <u>CFC1428686</u> Phone #: <u>386-867-6755</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name <u>Mike Towne</u> Signature <u><i>Michael D Towne</i></u> Company Name: <u>Towne Construction Group</u> License #: <u>CCC 1330125</u> Phone #: <u>904-838-8716</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE