SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 4874 JOB NAME MORAL

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.

1	111		
Print Name_MA	H Brons Signature	for Firm	Need L. Lic
Company Name:/	YATI Burns Flective, INC.	386-365-3688 CSII	Liab W/c
License #:EC	1300 6531 Phone #:	386-305 935-0444	= EX
Print Name	· 查记证		Need
Company Name:			T Lic
License #:	Phone #:		= W/C
Print Name	Signature		Need Lic
Company Name:	and the same		□ Uab
License #:	Phone #:		□ w/c □ ex □ D€
Print Name	Signature		Need Lic
Company Name:	n de la companya de l		□ Liab □ W/C
License #:	Phone #:		E EX
Print Name	Signature		Need Lic
Company Name:	and the second		□ Liab □ W/C
License #:	Phone #:		I EX
13			Need Lic
Company Name:	1	4	□ Liab □ W/C
License#:	Phone #:		_ DE
Print Name	Signature		Need Lic
Company Name:	Manager Company		T Lieb
14	11 1		□ EX
			Need Lic
Company Name:			= Liab
License #:	Phone #:		C DE
	Company Name: License #: Print Name Company Name: License #:	Company Name: #ATI Burn Electric, rec. License #: EC 1300 6531 Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #: Print Name Signature Company Name: License #: Phone #:	Company Name:

Ref: F.S. 440.103; ORD. 2016-30