

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 71370

JOB NAME JM Phelps Lake City Office

**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.

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| <b>ELECTRICAL</b><br><input checked="" type="checkbox"/> | Print Name <u>Jason Reeves</u> Signature <u>[Signature]</u>  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>Phelps Electric</u><br>License #: <u>EC-13004586</u> Phone #: <u>820-826-0365</u>   |  |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name <u>Clinton G. Wilson</u> Signature <u>[Signature]</u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>Wilson Heating and Cooling</u><br>License #: <u>CAC-057886</u> Phone #: <u>386-496-9000</u>   |  |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name <u>Scott Wolfe</u> Signature <u>[Signature]</u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>Wolfe Plumbing</u><br>License #: <u>CPC-051621</u> Phone #: <u>386-935-0616</u>   |  |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name <u>                                </u> Signature <u>                                </u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>                                </u><br>License #: <u>                                </u> Phone #: <u>                                </u> |  |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name <u>                                </u> Signature <u>                                </u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>                                </u><br>License #: <u>                                </u> Phone #: <u>                                </u> |  |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name <u>                                </u> Signature <u>                                </u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>                                </u><br>License #: <u>                                </u> Phone #: <u>                                </u> |  |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name <u>                                </u> Signature <u>                                </u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>                                </u><br>License #: <u>                                </u> Phone #: <u>                                </u> |  |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name <u>                                </u> Signature <u>                                </u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>          </u>                                    | Company Name: <u>                                </u><br>License #: <u>                                </u> Phone #: <u>                                </u> |  |