

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 49298 JOB NAME Roper

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 <u>Matt Burns</u> Signature <u>Attached to back</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# <u>        </u>	Company Name: <u>Matt Burns Electrical</u> License #: <u>EC 13006531</u> Phone #: <u>(386) 365-8948</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Clint Wilson</u> Signature <u>Attached to back</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# <u>        </u>	Company Name: <u>Wilson's Heating/Air</u> License #: <u>        </u> Phone #: <u>(386) 496-9000</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Roger Whison</u> Signature <u>R Whison</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# <u>1426</u>	Company Name: <u>Lake City Plumbing</u> License #: <u>CCC 1330273</u> Phone #: <u>(386) 867-6755</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Jason Elison</u> Signature <u>[Signature]</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# <u>        </u>	Company Name: <u>Jason Elison Construction, LLC</u> License #: <u>        </u> Phone #: <u>(386) 623-1741</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>        </u> Signature <u>        </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# <u>        </u>	Company Name: <u>        </u> License #: <u>        </u> Phone #: <u>        </u>	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>        </u> Signature <u>        </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# <u>        </u>	Company Name: <u>        </u> License #: <u>        </u> Phone #: <u>        </u>	
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>        </u> Signature <u>        </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# <u>        </u>	Company Name: <u>        </u> License #: <u>        </u> Phone #: <u>        </u>	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>        </u> Signature <u>        </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# <u>        </u>	Company Name: <u>        </u> License #: <u>        </u> Phone #: <u>        </u>	

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APPLICATION/PERMIT #

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<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Matt Burns</u> Signature <u>[Signature]</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>309</u>	Company Name: <u>Burns Electrical Services, Inc.</u> License #: <u>EC13006531</u> Phone #: <u>386-365-3688</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> <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 _____	<u>Need</u> <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 _____	<u>Need</u> <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 _____	<u>Need</u> <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 _____	<u>Need</u> <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 _____	<u>Need</u> <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 _____	<u>Need</u> <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 #: _____	

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<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Clinton G. Wilson</u> Signature <u>Clinton G. Wilson</u> Company Name: <u>Wilson Heat &amp; Air, Inc.</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</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>PLUMBING/GAS</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>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