

207

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.**

<b>ELECTRICAL</b>	Print Name <u>Brennon Battles Jr</u>	Signature <u>Brennon Battles Jr</u>	<u>Need</u>
<input checked="" type="checkbox"/>	Company Name: <u>Beast Electric, LLC</u>		<input type="checkbox"/> Lic
CC#	License #: <u>EC13007878</u>	Phone #: <u>(352) 682-5785 or 850</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>MECHANICAL/</b>	Print Name	Signature	<u>Need</u>
<b>A/C</b>	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name	Signature	<u>Need</u>
<b>GAS</b>	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name	Signature	<u>Need</u>
	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name	Signature	<u>Need</u>
	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>FIRE SYSTEM/</b>	Print Name	Signature	<u>Need</u>
<b>SPRINKLER</b>	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name	Signature	<u>Need</u>
	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>STATE</b>	Print Name	Signature	<u>Need</u>
<b>SPECIALTY</b>	Company Name:		<input type="checkbox"/> Lic
CC#	License #:	Phone #:	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE



# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

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<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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/</b> <b>A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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/</b> <b>GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Roger Whiddon</u> Signature <u>RWhiddon</u> Company Name: <u>Lake City Plumbing, Inc.</u> CC# _____ License #: <u>CFC1428686</u> Phone #: <u>386-754-7367</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 checked="" type="checkbox"/>	Print Name <u>John D Harrington</u> Signature <u>John D Harrington</u> Company Name: <u>House Craft Homes Res. &amp; Com. LLC</u> CC# _____ License #: <u>C6C1525983</u> Phone #: <u>352-538-5963</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>SHEET METAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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: _____ CC# _____ 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</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ 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

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<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>RW WASH</u> Signature <u>RW</u> Company Name: <u>North Central Florida Air Conditioning</u> License #: <u>CAC058264/CML R50824</u> Phone #: <u>352-367-2945</u>	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE