SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME 351 SW Arrowbend Drive Lake City, FL 32024

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.

			Need
ELECTRICAL ☐ CC# _____	Print Name Chad White	Signature Chad White	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: CK Electric		
	License #: EC13002222	Phone #: 352-538-5544	
MECHANICAL/ A/C ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Franks and Lane Heating and Air		
	License #: CAC1818631	Phone #: 386.466.7514	
PLUMBING/ GAS ☐ CC# _____	Print Name Kenneth Ault	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Kenneth Edward Ault Plumbing		
	License #: CFC1429807	Phone #: 386-697-3856	
ROOFING ☐ CC# _____	Print Name Rebecca Thomas	Signature Rebecca Thomas Digitally signed by Rebecca Thomas Date: 2021.04.19 20:08:43 -04'00'	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: JT Builders		
	License #: CBC1256094	Phone #: 386-623-5079	
SHEET METAL ☐ CC# _____	Print Name N/A	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name N/A	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License#: _____	Phone #: _____	
SOLAR ☐ CC# _____	Print Name N/A	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
STATE SPECIALTY ☐ CC# _____	Print Name N/A	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	

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