

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Little Residence

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.

ELECTRICAL ☐	Print Name <u>Ryan Felkner</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Felkner Electric</u> License #: <u>EC13003153</u> Phone #: <u>352.318.8796</u>	
MECHANICAL/A/C ☐	Print Name <u>Clint Wilson</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Wilson Heating + Air</u> License #: <u>CAC057886</u> Phone #: <u>386.496.9000</u>	
PLUMBING/GAS ☐	Print Name <u>Daniel Mossburg</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Live Oak Plumbing</u> License #: <u>CFC1427438</u> Phone #: <u>386.362.1767</u>	
ROOFING ☐	Print Name <u>Don Little</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Don Little Construction + Roofing</u> License #: <u>CC1330420</u> Phone #: <u>386.941.0006</u>	
SHEET METAL ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	