

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____

JOB NAME Steedley 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.

J Phillips Electric

ELECTRICAL <input type="checkbox"/>	Print Name <u>Jack Phillips</u> Company Name: <u>Jack E Phillips DBA The Generator Guy</u> License #: <u>EC13004335</u> Phone #: <u>727-858-0687</u>	Signature <u>[Signature]</u> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C CC# <u>438</u>	Print Name <u>Thomas Bucchi</u> Company Name: <u>A.C.E. Heat and Air, Inc.</u> License #: <u>CAC058170</u> Phone #: <u>386-497-2216</u>	Signature <u>[Signature]</u> Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS CC# <u>1081</u>	Print Name <u>Scott Wolfe</u> Company Name: <u>Wolfe Plumbing, Inc.</u> License #: <u>CFC051621</u> Phone #: <u>386-752-2788</u>	Signature <u>[Signature]</u> Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>Lewis Walker</u> Company Name: <u>Lewis Walker Roofing</u> License #: <u>RC0067442</u> Phone #: <u>866-959-7663</u>	Signature <u>[Signature]</u> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Signature _____ Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Signature _____ Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Signature _____ Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Signature _____ Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE