SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _70091_   JOB NAME _Chapman_

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.

Trade	Details	Need
ELECTRICAL ☑	Print Name Melvin Rios Lopez Jr Signature _(signed)_ Company Name: Advanced Electric & Air CC#_____ License #: EC13005725 Phone #: 352-414-7599	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☑	Print Name Austin Kenneth Lopez Signature _(signed)_ Company Name: Advanced Electric & Air CC#_____ License #: CAC1820846 Phone #: 352-414-7599	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☑	Print Name Michael Earnest Signature _(signed)_ Company Name: Infinity Renovators LLC CC#_____ License #: IH/1121539 Phone #: 352-427-5986	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name_____ Signature_____ Company Name:_____ CC#_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name_____ Signature_____ Company Name:_____ CC#_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name_____ Signature_____ Company Name:_____ CC#_____ License#:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name_____ Signature_____ Company Name:_____ CC#_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name_____ Signature_____ Company Name:_____ CC#_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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