

SUBCONTRACTOR VERIFICATION

74

APPLICATION/PERMIT # _____ JOB NAME mini Storage _____

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 <input type="checkbox"/>	Print Name <u>Mike Alban</u> Signature <u>Mike Alban</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Alban Electric</u>	
	License #: <u>EC 13001888</u> Phone #: <u>386-28-4414</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Derrick Williams</u> Signature <u>Derrick Williams</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>D.L. Williams Heating & Cooling</u>	
	License #: <u>CAC 1810913</u> Phone #: <u>366-154-1981</u>	
PLUMBING/ <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name <u>Mike Todd</u> Signature <u>Mike Todd</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Mike Todd Construction</u>	
	License #: <u>CGC006209</u> Phone #: <u>386-867-0477</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u>Mike Todd</u> Signature <u>Mike Todd</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Mike Todd Construction</u>	
	License #: <u>CGC006209</u> Phone #: <u>386-867-0477</u>	
FIRE SYSTEM/ <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPRINKLER <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
STATE <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY <input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	