

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

196 Ivy 61n Lake city

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>Alaina Perry</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: <u>W. Ha. Maint. & Repair Services, LLC</u> License #: <u>EB 13016315</u> Phone #: <u>386-984-2607</u> | |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| ROOFING <input type="checkbox"/> | Print Name <u>Benjamin Keeler</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: <u>KEELER ROOFING</u> License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u> | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

16 Hwy. 6th Lake City

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| CC# _____ | Company Name _____ | |
| | License #: _____ Phone #: _____ | |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name ROBERT JARVIS 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: JARVIS HEAT & AIR | |
| | License #: 001313 Phone #: 352 316-4573 | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name _____ 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 #: _____ | |
| ROOFING <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
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| CC# _____ | Company Name: _____ | |
| | License #: _____ Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
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| CC# _____ | Company Name: _____ | |
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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

LOT 15 Rose Pointe
GATOR Land Development

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| MECHANICAL/A/C <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS <input type="checkbox"/> | Print Name <u>Ronald D. Cochran</u> Signature <u>[Signature]</u> Company Name: <u>Cochran Plumbing Services, LLC</u> CC# _____ License #: <u>UF C1429154</u> Phone #: <u>351-208-8080</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____ | 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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
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| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
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Ref: F.S. 440.103; ORD. 2016-30