

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME 196 Ivy in 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 | Print Name <u>Alaina Perry</u> | Signature <u>Alaina Perry</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <input type="checkbox"/> | Company Name: <u>W. Fla. 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>JK</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 <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 |
| SPECIALTY <input type="checkbox"/> | Company Name: _____ | License #: _____ | Phone #: _____ |
| CC# _____ | _____ | _____ | _____ |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

16 July 6th, Lake City

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

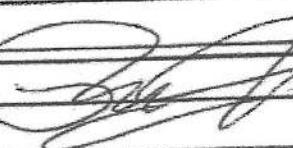
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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| ELECTRICAL | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | CC# _____ | Phone #: _____ | |
| MECHANICAL/ A/C | Print Name: ROBERT JARVIS | Signature:  | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: JARVIS HEAT & AIR | Phone #: 352 316-4573 | |
| PLUMBING/ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | CC# _____ | Phone #: _____ | |
| GAS | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| ROOFING | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| CC# _____ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | License #: _____ | Phone #: _____ | |
| SHEET METAL | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| CC# _____ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | License #: _____ | Phone #: _____ | |
| FIRE SYSTEM/ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| SPRINKLER | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | CC# _____ | Phone #: _____ | |
| CC# _____ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | License #: _____ | Phone #: _____ | |
| SOLAR | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| CC# _____ | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | License #: _____ | Phone #: _____ | |
| STATE | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | Company Name: _____ | Phone #: _____ | |
| SPECIALTY | Print Name: _____ | Signature: _____ | <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| | CC# _____ | Phone #: _____ | |

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME LOT 15 Rose Pointe
GATOR Land Development

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| ELECTRICAL | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| MECHANICAL/ A/C | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| PLUMBING/ GAS | Print Name <u>Ronald J. Cochran</u> | Signature <u>Ron J</u> | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: <u>Cochran Plumbing Services LLC</u> | | |
| CC# _____ | License #: <u>UFC1429154</u> | Phone #: <u>386-208-8080</u> | |
| ROOFING | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| SHEET METAL | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| FIRE SYSTEM/ SPRINKLER | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| SOLAR | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| STATE SPECIALTY | Print Name _____ | Signature _____ | Need □ Lic □ Liab □ W/C □ EX □ DE |
| | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |

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