

Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Hanks Resindce

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 Contractor's 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.

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	Printed Name: <u>James quinn</u> Signature: <u>[Signature]</u> Company Name: <u>Caft Elec</u> Owner <input checked="" type="checkbox"/> License #: <u>EC13010994</u> Phone #: <u>(352) 378-9274</u>
MECHANICAL / A/C	Printed Name: <u>Donal Davis</u> Signature: <u>[Signature]</u> Company Name: <u>HIGH SPRINGS ELECTRIC AND AIR, INC</u> Owner <input checked="" type="checkbox"/> License #: <u>CAC1815367</u> Phone #: <u>386.454.1407</u>
PLUMBING / GAS	Printed Name: <u>Marion R Van Mersbergen</u> Signature: <u>[Signature]</u> Company Name: <u>PLUMBING CONCEPTS INC</u> Owner <input checked="" type="checkbox"/> License #: <u>CFC1427326</u> Phone #: <u>386-288-6547</u>
ROOFING	Printed Name: <u>Ben Keeler</u> Signature: <u>[Signature]</u> Company Name: <u>KEELER ROOFING LLC</u> Owner <input checked="" type="checkbox"/> License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u>
FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
SOLAR	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input checked="" type="checkbox"/> License #: _____ Phone #: _____
STATE SPECIALTY	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____