

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 000054616 JOB NAME PL022

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 checked="" type="checkbox"/>	Print Name <u>Joe Strada</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# <input type="checkbox"/>	Company Name: <u>Strada Services, LLC</u> License #: <u>EC13003715</u> Phone #: <u>877-906-1313</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>JOE STRADA</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# <input type="checkbox"/>	Company Name: <u>STRADA SERVICES, LLC</u> License #: <u>CAC043953</u> Phone #: <u>877-906-1113</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Jason James</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# <input type="checkbox"/>	Company Name: <u>Mechanical One LLC</u> License #: <u>CFC1430061</u> Phone #: <u>407-404-4000</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Dustin L Estep</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# <input type="checkbox"/>	Company Name: <u>Proformance Roofing</u> License #: <u>CCC1330971</u> Phone #: <u>407-702-0206</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# <input type="checkbox"/>	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# <input type="checkbox"/>	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# <input type="checkbox"/>	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# <input type="checkbox"/>	Company Name: _____ License #: _____ Phone #: _____	



Columbia County Building Department
 135 NE Hernando Ave, Suite B-21
 Lake City, FL 32055
 Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 000054616
- Property Owner: Adam's Homes of Northwest Florida, INC
- Job Site Address: 247 SW Bellflower Dr
Lake City, FL
- Original Subcontractor: Barrs Plumbing
- License #: CFC1427145
- New Subcontractor: Mechanical One
- License #: CFC1430061

Trade (i.e. Electrical, Plumbing, HVAC, etc.): Plumbing

FOR OFFICE USE	
DATE RECEIVED:	_____
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	_____
COMPLETED CHANGE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____
DATE PROCESSED:	<u>2/16/26</u>
PROCESSED BY:	<u>Emaleigh Ward</u>
NOTES:	_____

Reason for Change:

Improved service, larger capacity

Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
- New signed Subcontractor Form

Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

Signatures (All must be notarized)

• Property Owner (If Owner-Builder)

Printed Name: ADAMS HOMES OF NW FL, INC. Date: 2.10.26

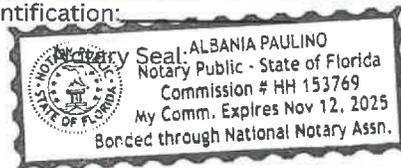
Signature: [Signature] - KYLE CHUDEUSZ - AGENT

State: Florida County: Hillsborough

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 10th day of February, 2026, by Kyle Chudeusz, who is personally known to me or has provided the following identification:

Notary Printed Name: Albania Paulino

Notary Signature: albania Paulino



• General Contractor

Printed Name: ADAMS HOMES OF NW FL, INC. Date: 2.10.26

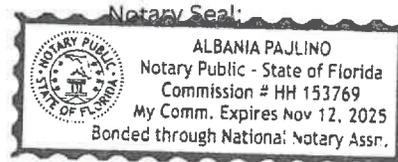
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 Lake City, FL 32055
 Phone: 386.758.1008

Please email request to bldginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 000054616
- Property Owner: Adam's Homes of Northwest Florida, INC
- Job Site Address: 247 SW Bellflower Dr
Lake City, FL
- Original Subcontractor: Keeler Roofing LLC
- License #: CFC1330509
- New Subcontractor: Proformance Roofing
- License #: CCC1330971

Trade (i.e. Electrical, Plumbing, HVAC, etc.): Roofing

FOR OFFICE USE

DATE RECEIVED:
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
COMPLETED CHANGE: <input checked="" type="checkbox"/> YES
DATE PROCESSED <u>2/16/26</u>
PROCESSED BY: <u>Maligh Ward</u>
NOTES: <u>Need proformance updated licence to reissue</u>

Reason for Change:

<u>Improved service, larger capacity</u>
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Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>
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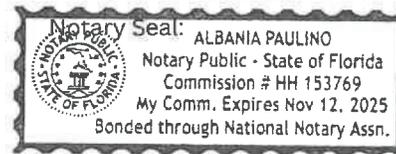
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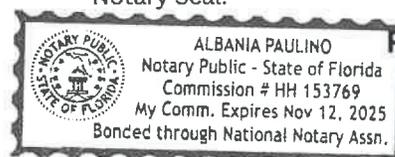
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