

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME M. Roberts House

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>Donald Hollingsworth</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Holly Electric Inc</u> License #: <u>EC13005429</u> Phone #: _____	
MECHANICAL/A/C ☒	Print Name <u>JAN Touchton</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>31</u>	Company Name: <u>Touchton's Heat + Air</u> License #: <u>CAC058747</u> Phone #: <u>386 362 4509</u>	
PLUMBING/GAS ☒	Print Name <u>Dan Bills</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>298</u>	Company Name: <u>HomeTown Plumbing Services</u> License #: <u>CFC1428890</u> Phone #: <u>386-354 6140</u>	
ROOFING ☒	Print Name <u>Sara Gresham</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>1087</u>	Company Name: <u>John Norris Construction LLC</u> License #: <u>CRC1331978</u> Phone #: <u>386 365-8085</u>	
SHEET METAL ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	