

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME LOT 2 UNION DR LAKE CITY, FL

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>Chancey Padgett</u> Company Name: <u>Vintage Electric, Inc.</u> License #: <u>EC0001198</u> Phone #: <u>352-371-8021</u>	Signature <u>Chancey Padgett</u>	Need: Lic Liab W/C EX DE
MECHANICAL A/C <input checked="" type="checkbox"/>	Print Name <u>Erik Workman</u> Company Name: <u>Comfort Temp Heating + Air</u> License #: <u>CM1249305</u> Phone #: <u>352-376-2366</u>	Signature <u>Erik Workman</u>	Need: Lic Liab W/C EX DE
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name <u>Kenneth Ault</u> Company Name: <u>Kenneth Edward Ault Plumbing, Inc.</u> License #: <u>CFC1429807</u> Phone #: <u>386-697-3856</u>	Signature <u>Kenneth Ault</u>	Need: Lic Liab W/C EX DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>CURTIS JONES</u> Company Name: <u>CJ CUSTOM CARPENTRY, INC.</u> License #: <u>CGC1513223</u> Phone #: <u>386-754-6924</u>	Signature <u>Curtis Jones</u>	Need: Lic Liab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need: Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need: Lic Liab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need: Lic Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need: Lic Liab W/C EX DE