

SUBCONTRACTOR VERIFICATION

(65)

APPLICATION/PERMIT # 53442 JOB NAME 8W Slash Ln 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	Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u> ☒ Company Name: <u>Holly Electric Inc</u> CC# <u>037</u> License #: <u>EC13005429</u> Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C	Print Name <u>JAN Touchton</u> Signature <u>[Signature]</u> ☒ Company Name: <u>Touchton's Heat + Air</u> CC# <u>1731</u> License #: <u>CAC058747</u> Phone #: <u>386 362 4509</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS	Print Name <u>Dan Bills</u> Signature <u>[Signature]</u> ☒ Company Name: <u>HomeTown Plumbing Services</u> CC# <u>298</u> License #: <u>CFC1428890</u> Phone #: <u>386-954 6140</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING	Print Name <u>Sara Gresham</u> Signature <u>[Signature]</u> ☒ Company Name: <u>John Norris Construction</u> CC# <u>2087</u> License #: <u>CRC1331978</u> Phone #: <u>386-365-8685</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL	Print Name _____ Signature _____ ☐ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER	Print Name _____ Signature _____ ☐ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR	Print Name _____ Signature _____ ☐ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY	Print Name _____ Signature _____ ☐ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE