

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 46662 JOB NAME Lot 5 - Turkey Creek, PH 1

**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.

<b>ELECTRICAL</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
<b>MECHANICAL/A/C</b>	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Epic Ac</u>	
CC# <u>2090</u>	License #: <u>CAC1819412</u> Phone #: <u>386.623.1609</u>	
<b>PLUMBING/GAS</b>	Print Name <u>Dan Mossburg</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>Live Oak Plumbing</u>	
CC# <u>1429</u>	License #: <u>CFC1427438</u> Phone #: <u>386.209.3247</u>	
<b>ROOFING</b>	Print Name <u>Don Little</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>Don Little Roofing + Construction</u>	
CC# <u>1772</u>	License #: <u>CCC1330420</u> Phone #: <u>786.961.0006</u>	
<b>SHEET METAL</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
<b>SOLAR</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	

Ref: F.S. 440.103; ORD. 2016-30