













rom keen8687@netscape.net <keen8687@netscape.net>
ate: Wed, Sep 18, 2024 at 6:42 AM

SUBCONTRACTOR VERIFICATION
John Keen

APPLICATION/PERMIT # _____ JOB NAME Wayne Keen / Sheel

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 type="checkbox"/>	Print Name <u>Matt Burns</u> Signature <u>Matt Burns</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Burn's Electric</u> License #: <u>EC 13006531</u> Phone #: <u>(86) 365-8948</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Roger Whiddon</u> Signature <u>R Whiddon</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Lake City Plumbing</u> License #: <u>CFC 1428686</u> Phone #: <u>(86) 867-6755</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C
	Company Name: _____	

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at www.floridabuilding.org.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING		Walk in door	FL 17996.5
B. SLIDING			
C. SECTIONAL/ROLL UP		Roll up door	FL 8888.3
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG		Window	12949.1
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING		Sheet metal	FL 29684.1
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
A. ENVELOPE PRODUCTS			
A.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; (1) copy of the product approval (2) performance characteristics which the product was tested and certified to comply with (3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Applicant Signature _____

Date _____

New Construction Subterranean Termite Service Record

OMBA Approval No. 2502-0525
(exp. 09/30/2022)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: **Aspen Pest Control, Inc.**

Company Address: **P.O. Box 1795**

City: **Lake City**

State: **FL**

Zip: **32056**

Company Business License No.: **JB182948**

Company Phone No.: **386-755-3611**

FHAVA Case No. (if any)

Section 2: Builder Information

Company Name: **K & H Framing**

Phone No.: **867-0155**

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip): **John Keen**
293 SW Greenwood Terr.
Ft. White, FL 32038

Section 4: Service Information

Date(s) of Service(s): **6-27-2024**

Type of Construction (More than one box may be checked)

☒ Slab

☐ Basement

☐ Crawl

☐ Other

Check all that apply:

☒ A. Soil Applied Liquid Termiticide

Brand Name of Termiticide: **Domion 2L** EPA Registration No.: **53883-229**

Approx. Dilution (%): **.05** Approx. Total Gallons Mix Applied: **200** Treatment completed on exterior: ☐ Yes ☒ No

☐ B. Wood Applied Liquid Termiticide

Brand Name of Termiticide: _____ EPA Registration No. _____

Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____

☐ C. Bait System Installed

Name of System: _____ EPA Registration No. _____ Number of Stations installed: _____

☐ D. Physical Barrier System Installed

Name of System: _____ Attach installation information (required)

Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List)

Comments: **1,800 SF wood treated**

Name of Applicator(s): **C. Lacey**

Certification No. (if required by State law) **JF104376**

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature: **Hanley Gregory**

Date: **6-27-2024**

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)