

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____ JOB NAME New Home 3642 SW Herlong Str.
FL White Pl 32032

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 _____ Signature _____ Company Name: HIGH SPRINGS ELECTRIC License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: HIGH SPRINGS ELECTRIC License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Marion Ray Van Meter</u> Signature <u>[Signature]</u> Company Name: PLUMBING CONCEPTS INC License #: <u>CFC 1427326</u> Phone #: <u>386-288-5111</u>	Need Lic Liab W/C EX DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

New Home 3642 SW Herlona Str.
Ft White FL 32038

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>Donald Davis</u> Signature <u>[Signature]</u> Company Name: HIGH SPRINGS ELECTRIC	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: <u>EC 0002306</u> Phone #: <u>386-623-4895</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Donald Davis</u> Signature <u>[Signature]</u> Company Name: HIGH SPRINGS ELECTRIC	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: <u>CAC 1815 367</u> Phone #: <u>386-623-4895</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: PLUMBING CONCEPTS INC	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	License #: _____ Phone #: _____	