

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>

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Violations will result in stop work orders and/or fines.

ELECTRICAL	<input type="checkbox"/>	Print Name <u>Donald R Davis</u> Signature <u>[Signature]</u>	<div>Need Lic Liab W/C EX DE</div>
CC#		Company Name: <u>High Springs Electric, Inc</u> Phone #: <u>386-623-0499</u>	
MECHANICAL/		Print Name _____ Signature _____	<div>Need Lic Liab W/C EX DE</div>
A/C	<input type="checkbox"/>	Company Name: _____	
CC#		License #: _____ Phone #: _____	
PLUMBING/		Print Name _____ Signature _____	<div>Need Lic Liab W/C EX DE</div>
GAS	<input type="checkbox"/>	Company Name: _____	
CC#		License #: _____ Phone #: _____	
ROOFING	<input type="checkbox"/>	Print Name _____ Signature _____	<div>Need Lic Liab W/C EX DE</div>
CC#		Company Name: _____	
CC#		License #: _____ Phone #: _____	
SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____	<div>Need Lic Liab W/C EX DE</div>
CC#		Company Name: _____	
CC#		License #: _____ Phone #: _____	
FIRE SYSTEM/		Print Name _____ Signature _____	<div>Need Lic Liab W/C EX DE</div>
SPRINKLER	<input type="checkbox"/>	Company Name: _____	
CC#		License #: _____ Phone #: _____	
SOLAR	<input type="checkbox"/>	Print Name _____ Signature _____	<div>Need Lic Liab W/C EX</div>
CC#		Company Name: _____	
CC#		License #: _____ Phone #: _____	

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<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>Clinton Wilson</u> Company Name: <u>Wilson Heat &amp; Air Inc</u> License #: <u>CAC057836</u> Phone #: <u>386-946-9000</u>	<div>Need Lic Liab W/C EX DE</div>
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<div>Need Lic Liab W/C EX DE</div>
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<div>Need Lic Liab W/C EX DE</div>
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<div>Need Lic Liab W/C EX DE</div>
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<div>Need Lic Liab W/C EX DE</div>
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<div>Need Lic Liab W/C EX DE</div>

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<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>James L Butler</u> Signature <u><i>James L Butler</i></u> Company Name: <u>Butler Plumbing of Gainesville Inc</u> License #: <u>CFC057960</u> Phone #: <u>352 472 3677</u>	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Lewis Walker</u> Signature <u>[Signature]</u> Company Name: <u>LEWIS WALKER ROOFING INC</u> License #: <u>CCC1333551</u> Phone #: <u>866.959.7663</u>	<input type="checkbox"/> Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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