

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

74174

JOB NAME

465 SW Old Bellamy Rd

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 _____ Signature _____ Company Name: <u>Woods Electrical Services, Inc</u> License #: <u>EC13002213</u> Phone #: <u>386-364-5246</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>00765</u> MECHANICAL/ A/C	Print Name _____ Signature _____ Company Name: <u>Wilson Heat & Air Inc</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>003165</u> PLUMBING/ GAS	Print Name: <u>Sheldon Carroll</u> Signature: <u>Sheldon Carroll</u> Company Name: <u>Crown Construction Company, LLC</u> License #: <u>RF11067911</u> Phone #: <u>352-246-6476</u>	Need <input type="checkbox"/> Lic ✓ <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>3401</u> ROOFING	Print Name: <u>Mitchell Brown</u> Signature: <u>Mitchell Brown</u> Company Name: <u>The Solid Rock Builders Construction, Inc</u> License #: <u>CRC1335118</u> Phone #: <u>352-318-0895</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____ SHEET METAL	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____ FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____ SOLAR	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____ STATE SPECIALTY	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE