

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 _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>		Company Name: Woods Electrical Services, Inc		
CC# 00765		License #: EC13002213	Phone #: 386-364-5246	
MECHANICAL		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
<input type="checkbox"/> A/C		Company Name: Wilson Heat & Air Inc		
CC# 00802		License #: CAC057886	Phone #: 386-496-9000	
PLUMBING		Print Name Sheldon Carroll	Signature Sheldon Carroll	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/> GAS		Company Name: Crown Construction Company, LLC		
CC# 003165		License #: RF11067911	Phone #: 352-246-6476	
ROOFING		Print Name Mitchell Brown	Signature Mitchell Brown	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/> CC# 3401		Company Name: The Solid Rock Builders Construction, Inc		
		License #: CRC1335118	Phone #: 352-318-0895	
SHEET METAL		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
<input type="checkbox"/>		Company Name: _____		
CC#		License #: _____	Phone #: _____	
FIRE SYSTEM		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
<input type="checkbox"/> SPRINKLER		Company Name: _____		
CC#		License #: _____	Phone #: _____	
SOLAR		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
<input type="checkbox"/>		Company Name: _____		
CC#		License #: _____	Phone #: _____	
STATE		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
<input type="checkbox"/> SPECIALTY		Company Name: _____		
CC#		License #: _____	Phone #: _____	