

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # 50232 JOB NAME Lot 7, Stonehenge

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 checked="" type="checkbox"/>	Print Name <u>MARK MATHEWS</u> Signature <u>[Signature]</u> Company Name: <u>MATHEWS ELECTRIC</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</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>76</u>			
MECHANICAL/A/C	<input checked="" type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature <u>[Signature]</u> Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u> License #: <u>CAC1816913</u> Phone #: <u>386-754-1987</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>13</u>			
PLUMBING/GAS	<input checked="" type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature <u>[Signature]</u> Company Name: <u>DEPENDABLE PLUMBING</u> License #: <u>CFC 057747</u> Phone #: <u>386-752-5218</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>868</u>			
ROOFING	<input type="checkbox"/>	Print Name <u>TO BE DECIDED</u> 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# _____			
SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> 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	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> 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	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> 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	<input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> 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# _____			

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MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature _____ Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u> License #: <u>CAC1816913</u> Phone #: <u>386-704-1987</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature _____ Company Name: <u>DEPENDABLE PLUMBING</u> License #: <u>CFC057747</u> Phone #: <u>886-752-5218</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>STEVEN L SUMNER</u> Signature _____ Company Name: <u>STEVEN L SUMNER INC</u> License #: <u>CCC132692</u> Phone #: <u>386-288-5426</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name <u>NA</u> 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
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name <u>NA</u> 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
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STATE SPECIALTY <input type="checkbox"/>	Print Name <u>NA</u> 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