



Columbia County Building Department
135 NE Hernando Ave, Suite B-21
Lake City, FL 32055
Phone: 386.758.1008

Please email request to bidginfo@columbiacountyfla.com

Change of Subcontractor Request

Permit Information

- Permit #: 000053580
- Property Owner: Kathryn Dupree
- Job Site Address: 220 NW Testament Ct
Lake City FL 32055
- Original Subcontractor: Action Signs / Jesse Morris
- License #: EC13008763
- New Subcontractor: Action Signs / William Pringle
- License #: GC13015190

Trade (i.e. Electrical, Plumbing, HVAC, etc.): _____

FOR OFFICE USE	
DATE RECEIVED: _____	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMPLETED CHANGE: <input type="checkbox"/> YES	
DATE PROCESSED: _____	
PROCESSED BY: _____	
NOTES: _____	

Reason for Change:

Action Signs Acquired A New EC License + Qualifier

Required Documents:

- Subcontractor MUST be on file with our jurisdiction. If not, complete registration by making application @ <https://www.columbiacountyfla.com/PermitSearch/MyBN2PortalLogin.aspx>
- New signed Subcontractor Form

Hold Harmless Acknowledgement

The undersigned agree to hold harmless and indemnify Columbia County and its agents from any claims or liability resulting from this change of subcontractor.

Signatures (All must be notarized)

- **Property Owner (if Owner-Builder)**

Printed Name: _____ Date: _____

Signature: _____

State: _____ County: _____

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ has provided the following identification:

Notary Printed Name: _____

Notary Seal:

Notary Signature: _____

- **General Contractor**

Printed Name: William Pringle Date: 8/26/2025

Signature: [Signature]

State: Florida County: Columbia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 26th day of August, 2025, by William Pringle, who is ☐ personally known to me or ☐ has provided the following identification: FI DL

Notary Printed Name: Michael A. Morrison

Notary Seal:

Notary Signature: [Signature]



Created:
5/2025