

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54807 JOB NAME 282 SW Kimberlly Lane
TERA HENNINGER

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: <u>SHELBY MONTAIN</u> Signature: <u>[Signature]</u>	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: <u>County Line Electric LLC</u>	License #: <u>EC13010845</u> Phone #: <u>352-262-6280</u>	
MECHANICAL/A/C ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	
PLUMBING/GAS ☐	Print Name: <u>Cody Barrs</u> Signature: <u>[Signature]</u>	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: <u>Barrs Plumbing, INC.</u>	License #: <u>PFC 1427145</u> Phone #: <u>(352) 623-0509</u>	
ROOFING ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	
SHEET METAL ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	
SOLAR ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name: _____ Signature: _____	Need ☐ Lic ☐ Lash ☐ W/C ☐ EX ☐ DE
Company Name: _____	License #: _____ Phone #: _____	