

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Mc CALLISTER

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 type="checkbox"/>	Print Name <u>Adam Mikell</u> Signature <u>[Signature]</u>	Company Name: <u>Adam Mikell Powering &amp; Electrical Distribution LLC.</u>	Phone #: <u>352-318-2368</u>
CC# _____	License #: <u>EC13004282</u>		
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Michael Faugh</u> Signature <u>[Signature]</u>	Company Name: <u>AKus Heat &amp; A/C Inc</u>	Phone #: <u>352-463-2380</u>
CC# _____	License #: <u>CAC183540</u>		
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>[Signature]</u> Signature <u>[Signature]</u>	Company Name: <u>Paul Plumber</u>	Phone #: <u>386-438-9635</u>
CC# _____	License #: <u>CSC1427133</u>		
ROOFING <input type="checkbox"/>	Print Name <u>Gary W. Thompson</u> Signature <u>[Signature]</u>	Company Name: <u>Thompson Custom Home Builders, Inc</u>	Phone #: <u>386-867-5477</u>
CC# _____	License #: <u>CRCD46869</u>		
SHEET METAL <u>N/A</u> <input type="checkbox"/>	Print Name _____ Signature _____	Company Name: _____	Phone #: _____
CC# _____	License #: _____		
FIRE SYSTEM/ SPRINKLER <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Company Name: _____	Phone #: _____
CC# _____	License #: _____		
SOLAR <u>N/A</u> <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Company Name: _____	Phone #: _____
CC# _____	License #: _____		
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Company Name: _____	Phone #: _____
CC# _____	License #: _____		

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 63064 JOB NAME \_\_\_\_\_

**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. **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.

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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>Donald Hollingsworth II</u> Signature <u>Donald Hollingsworth II</u> Company Name: <u>Holly Electric Inc.</u> License #: <u>13012104</u> Phone #: <u>(386) 755-5944</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE