SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54841 JOB NAME Palms Medical Group Lake City

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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.

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ELECTRICAL ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ **A/C** ☑ CC# 001971	Print Name Erik Worthmann Signature Company Name: Comfort Temp Company dba CT Mechanical License #: CMC1249305 Phone #: 877-308-0081	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ **GAS** ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ **SPRINKLER** ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE ☐ **SPECIALTY** CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Ref: F.S. 440.103; ORD. 2016-30

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MECHANICAL/ A/C _____ ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☑ CC# 002707	Print Name Brian Kinsell Signature _____ Company Name: Gator FIre Extinguisher Company, Inc. License #: EF0000394 Phone #: 352-373-1738	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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MECHANICAL/ A/C ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☑ CC# 1869	Print Name Chadd Buchholz Signature_____ Company Name: Keeler Roofing LLC License #: CCC1330509 Phone #: 352-514-4930	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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ELECTRICAL ☐ CC#_____	Print Name DAVID P Wood Signature D P W Company Name: Wood's Electrical Service License #: EC-13007213 Phone #: 386-623-1132	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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MECHANICAL/ A/C ☐ CC#	Print Name: Signature: Company Name: License #: Phone #:	Lic Liab W/C EX DE
PLUMBING/ GAS ☐ CC#	Print Name: Jeremy Jones Signature: Company Name: Jones Plumbing of Newberry License #: CFC1426433 Phone #: 352-225-1213	Lic Liab W/C EX DE
ROOFING ☐ CC#	Print Name: Signature: Company Name: License #: Phone #:	Lic Liab W/C EX DE
SHEET METAL ☐ CC#	Print Name: Signature: Company Name: License #: Phone #:	Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER ☐ CC#	Print Name: Signature: Company Name: License#: Phone #:	Lic Liab W/C EX DE
SOLAR ☐ CC#	Print Name: Signature: Company Name: License #: Phone #:	Lic Liab W/C EX DE
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