

SUBCONTRACTOR VERIFICATION

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

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>

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Violations will result in stop work orders and/or fines.

ELECTRICAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☒ CC# <u>001971</u>	Print Name <u>Erik Worthmann</u> Signature <u>[Signature]</u> Company Name: <u>Comfort Temp Company dba CT Mechanical</u> License #: <u>CMC1249305</u> Phone #: <u>877-308-0081</u>	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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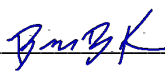
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SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☒ CC# <u>002707</u>	Print Name <u>Brian Kinsell</u> Signature <u></u> Company Name: <u>Gator Fire Extinguisher Company, Inc.</u> License #: <u>EF0000394</u> Phone #: <u>352-373-1738</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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MECHANICAL/ A/C ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☒	Print Name <u>Chadd Buchholz</u> Signature _____ Company Name: <u>Keeler Roofing LLC</u> License #: <u>CCC1330509</u> Phone #: <u>352-514-4930</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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ELECTRICAL ☐	Print Name <u>David P Wood</u> Signature <u>D.P.W 1</u> Company Name: <u>Wood's Electrical Service</u> License #: <u>EC-13002213</u> Phone #: <u>386-623-1132</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
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PLUMBING/GAS ☐	Print Name <u>Jeremy Jones</u> Signature <u>[Signature]</u> Company Name: <u>Jones Plumbing of Newberry</u> License #: <u>CFC1426433</u> Phone #: <u>352-225-1213</u>	Need ☐ Lic ☐ LicB ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ LicB ☐ W/C ☐ EX ☐ DE
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