

SUBCONTRACTOR VERIFICATION

65

48049

APPLICATION/PERMIT # _____

JOB NAME

OLIVER

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>Mar Matthews</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: <u>Matthews Electr.</u>		<input type="checkbox"/> Liab
CC# _____	License #: <u>EC 13005959</u>	Phone #: <u>386-344-2029</u>	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
MECHANICAL/A/C	Print Name <u>Richard C Register</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: <u>Registers Heating & Air</u>		<input type="checkbox"/> Liab
CC# _____	License #: <u>CAC041267</u>	Phone #: <u>(904) 384-2862</u>	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
PLUMBING/GAS	Print Name <u>Cody Burrs</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: <u>Cody Burrs Plumbing</u>		<input type="checkbox"/> Liab
CC# _____	License #: <u>CFC 1427145</u>	Phone #: <u>786-823-0509</u>	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
ROOFING	Print Name <u>WILLIAM POWELL</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: <u>POWELL & SONS ROOFING INC</u>		<input type="checkbox"/> Liab
CC# _____	License #: <u>CC-C051307</u>	Phone #: <u>386-209-5198</u>	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SHEET METAL	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Liab
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Liab
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SOLAR	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Liab
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Liab
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE

[Signature]