

## SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # 52773 JOB NAME Safer

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 checked="" type="checkbox"/> Print Name <u>Marcus Matthews</u> Signature <u>Marcus Matthews</u> <input type="checkbox"/> Company Name: <u>Matthews Electric LLC</u> CC# <u>76</u> License #: <u>EC 13005459</u> Phone #: <u>386-344-2029</u>	Need - Lic - Lab - W/C - EX - DE
MECHANICAL/	<input type="checkbox"/> Print Name _____ Signature _____ A/C _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
PLUMBING/	<input type="checkbox"/> Print Name _____ Signature _____ GAS <input type="checkbox"/> Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
ROOFING	<input checked="" type="checkbox"/> Print Name <u>Mark Haddix</u> Signature <u>Mark Haddix</u> <input type="checkbox"/> Company Name: <u>Wesleyan Park Roofing</u> CC# <u>585</u> License #: <u>ERC 13284411</u> Phone #: <u>386-255-2411</u>	Need - Lic - Lab - W/C - EX - DE
SHEET METAL	<input type="checkbox"/> Print Name _____ Signature _____ CC# _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
FIRE SYSTEM/	<input type="checkbox"/> Print Name _____ Signature _____ SPRINKLER <input type="checkbox"/> Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
SOLAR	<input type="checkbox"/> Print Name _____ Signature _____ CC# _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE
STATE	<input type="checkbox"/> Print Name _____ Signature _____ SPECIALTY <input type="checkbox"/> Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need - Lic - Lab - W/C - EX - DE

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ELECTRICAL	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
MECHANICAL/ A/C	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
PLUMBING/ GAS	Print Name <u>DAN MOSSBURG</u> Signature <u>Paul Weller</u>		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input checked="" type="checkbox"/>	Company Name: <u>LIVE OAK PLUMBING</u>	
CC# <u>1429</u>	License #: <u>SFC (427438</u>	Phone #: <u>(386) 362-1767</u>	
ROOFING	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
SHEET METAL	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
SOLAR	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
STATE	Print Name _____ Signature _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: _____	
SPECIALTY	License #: _____	Phone #: _____	
CC# _____			

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	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
MECHANICAL/ A/C	Print Name <u>Mark Lane</u> Signature <u>ANTONIO FRANCES</u>		Need Lic Liab W/C EX DE
	<input checked="" type="checkbox"/>	Company Name: <u>Franks &amp; Lane Heating and Air LLC</u>	
CC# <u>2024</u>	License #: <u>CAC/1818031</u>	Phone #: <u>386-466-7514</u>	
PLUMBING/ GAS	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
ROOFING	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
SHEET METAL	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
SOLAR	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
STATE	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
	<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____	Phone #: _____	
SPECIALTY	Print Name _____ Signature _____		Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		