

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Brooks New Residential

**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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Merwin L. Hines</u> Signature <u>[Signature]</u> Company Name: <u>Hines Electric</u> License #: <u>13003393</u> Phone #: <u>352-224-8620</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<b>MECHANICAL/</b> <b>A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Timothy D. Shatto</u> Signature <u>[Signature]</u> Company Name: <u>Shatto Heating and Air</u> License #: <u>CAC057875</u> Phone #: <u>386-496-8224</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Phillip McDonald</u> Signature <u>[Signature]</u> Company Name: <u>Phillip McDonald Plumbing</u> License #: <u>CFC 1428926</u> Phone #: <u>904-964-3737</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>Michael Davis</u> Signature <u>[Signature]</u> Company Name: <u>MSD Construction</u> License #: <u>CBC 1254008</u> Phone #: <u>352-494-6594</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <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"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <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"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX