

Subcontractor Verification Form

APPLICATION/PERMIT # 75053

JOB NAME LEE Holloway

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 Contractor's 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.

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

Printed Name: LEE A. HOLLOWAY Signature: [Signature]
Company Name: PENINSULAR ELECT. CO., INC. Owner
License #: E.C. 0000668 Phone #: 352-665-1775

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

FIRE SYSTEM /
SPRINKLER

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

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ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

MECHANICAL / AC

Printed Name: Donald Davis Signature: [Signature]
Company Name: High Springs Electric & Air Owner
License #: CAC 185367 Phone #: 386-623-0499

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

**FIRE SYSTEM /
SPRINKLER**

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

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ELECTRICAL

Printed Name: Lee Hollaway Signature: _____
 Company Name: Peninsular Electric Co., Inc. Owner
 License #: EC0000668 Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
 Company Name: _____ Owner
 License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: Aaron Hokanson Signature: Aaron Hokanson
 Company Name: Aarons Plumbing Corporation Owner
 License #: CFC1426264 Phone #: 386-365-1667

ROOFING

Printed Name: _____ Signature: _____
 Company Name: _____ Owner
 License #: _____ Phone #: _____

**FIRE SYSTEM /
SPRINKLER**

Printed Name: _____ Signature: _____
 Company Name: _____ Owner
 License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
 Company Name: _____ Owner
 License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
 Company Name: _____ Owner
 License #: _____ Phone #: _____

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Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

ROOFING

Printed Name: Thomas Luke Phin Signature: Thomas Luke Phin
Company Name: Big Country Roofing LLC Owner
License #: CCC1335064 Phone #: 352 290 0264

FIRE SYSTEM /
SPRINKLER

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

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

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