

(65)

APPLICATION/PERMIT #

JOB NAME

Port White Station Lot 6

## 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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|  |   |   |
|--|---|---|
| <b>ELECTRICAL</b><br><input type="checkbox"/>            | Print Name <u>Marc Matthews</u> Signature <u>[Signature]</u><br>Company Name: <u>Matthews Electric</u><br>CC# _____ License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>                               | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name <u>Robert Bounds</u> Signature <u>[Signature]</u><br>Company Name: <u>Bounds Heating &amp; Air</u><br>CC# _____ License #: <u>240652642</u> Phone #: <u>352-973-2761</u>                         | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name <u>Robert Ogles II</u> Signature <u>[Signature]</u><br>Company Name: <u>Ogles Roofing &amp; Construction LLC</u><br>CC# <u>1322649</u> License #: <u>CCC1328649</u> Phone #: <u>386-364-4838</u> | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |

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

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| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name <u>Robert Bounds</u> Signature <u>[Signature]</u><br>Company Name: <u>Bounds Heating &amp; Air</u><br>CC# _____ License #: <u>CAC057642</u> Phone #: <u>352-472-2761</u> | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
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| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
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| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name _____ Signature <u>[Signature]</u><br>Company Name: _____<br>License #: _____ Phone #: <u>386-910-2761</u>  | <b>Need</b><br><input type="checkbox"/> U/c<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name <u>Coely Ryan Barrs</u> Signature <u>[Signature]</u><br>Company Name: <u>Barrs Plumbing Inc</u><br>License #: <u>CFC1427145</u> Phone #: <u>386-752-8656 or</u> | <b>Need</b><br><input type="checkbox"/> U/c<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> U/c<br><input type="checkbox"/> Uab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
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