

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

LOT 3 LEGION

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>MATTHEW PADGETT</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# _____	Company Name: <u>VINTAGE ELECTRIC, INC</u> License #: <u>EC13007542</u> Phone #: <u>352-371-8021</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: <u>COMFORT TEMP HEATING & AIR</u> License #: <u>CMC1249305</u> Phone #: <u>352-376-2366</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: <u>BARES PLUMBING</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
ROOFING <input type="checkbox"/>	Print Name <u>CURTIS JONES</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# _____	Company Name: <u>CJ CUSTOM CARPENTRY, INC.</u> License #: <u>CGC1513223</u> Phone #: <u>386-754-6924</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	