JOB NAME MUV Lake City

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 <u>REQUIRED</u> 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	Print Name David Birth Company Name: Camou Flage Electric The	Need Lic	
V	Company Name: Camou Flage Electric Fric	☐ Liab	
L	License #: EC13001924 Phone #: 772-340-0111	□ EX	
CC#	License #: EC13001924 Phone #: 772-340-0111	□ DE	
MECHANICAL/	Print Name_Bill Johnson Signature	Need □ Lic	
A/C	Company Name: Southern Equipment Corporation	□ Liab	
		□ W/C	
CC#		□ DE	
PLUMBING/	Print Name Kyle Jones Signature	Need □ Lic	
GAS 🗸	Company Name: Atlantic Plumbing Services, LLC		
		□ W/C	
CC#	License #: CFC1428214 Phone #: 904-547-2360	□ DE	
ROOFING	Print NameSignature	Need Lic	
	Company Name:	□ Liab	
		□ W/C	
CC#	License #: Phone #:	□ DE	
SHEET METAL	Print NameSignature	Need	
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FIRE SYSTEM/	Print Name Signature	<u>Need</u> □ Lic	
SPRINKLER	Company Name:	□ Liab	
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CC#	License#: Phone #:	□ DE	
SOLAR	Print NameSignature	Need Lic	
	Company Name:	□ Liab	
 		□ w/c	
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STATE	Print Name Signature	<u>Need</u> □ Lic	
		☐ Liab	
SPECIALTY	Company Name:		
CC#	License #: Phone #:	□ EX	

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54811

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ELECTRICAL	Print Name David Birth Signature	<u>Need</u> □ Lic
√	Company Name: CEI North	□ Liab
		□ W/C
CC#	License #: EC13001924 Phone #: 772-340-0111	D DE
MECHANICAL/	Print Name Bill Johnson Signature William Strong	<u>Need</u> □ Lic
A/C	Company Name: Southern Equipment Corporation	□ Liab □ W/C
CC#	License #: CMC 03785 Phone #: 813-251-1839	□ EX □ DE
PLUMBING/	Print Name Kyle Jones Signature	Need
GAS 🗸	Company Name: Atlantic Plumbing Services, LLC	
CC#	License #: CFC1428214 Phone #: 904-547-2360	□ W/C □ EX □ DE
ROOFING	Print NameSignature	Need
		□ Lic □ Liab
	Company Name:	□ W/C □ EX
CC#	License #:Phone #:	□ DE
SHEET METAL	Print NameSignature	<u>Need</u> □ Lic
	Company Name:	□ Liab
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	Print NameSignature	☐ Lic ☐ Liab
SPECIALTY	Company Name:	□ w/c
CC#	License #: Phone #:	□ EX

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ELECTRICAL	Print Name_David BirthSigna	ture	□ Lic
V	Company Name: CEI North	***************************************	□ Liab □ W/C
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PLUMBING/	Print Name Kyle Jones Signa	ature // /	Need
GAS 🗸	Company Name: Atlantic Plumbing Services, LLC		□ Liab
GAS	CEC1439314	004 547 2260	□ W/C
CC#	License #: CFC1428214 Phot	ne #:	□ DE
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