# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____     JOB NAME **Martinez residence**

## 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.

| Trade | Details | Need |
|---|---|---|
| **ELECTRICAL** ☐ | Print Name **Ryan Felknor**  Signature _(signed)_<br>Company Name: **Felknor Electric**<br>CC#_____  License #: **EC 13003153**  Phone #: **352 318.0796** | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **MECHANICAL/ A/C** ☐ | Print Name **Tom Bucchi**  Signature _(signed)_<br>Company Name: **ACE Heating + Air**<br>CC#_____  License #: **CAC 058170**  Phone #: **386.154.8999** | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **PLUMBING/ GAS** ☐ | Print Name **Daniel Mossburg**  Signature _(signed)_<br>Company Name: **Live Oak Plumbing**<br>CC#_____  License #: **CFC 142438**  Phone #: **386.362.1767** | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **ROOFING** ☐ | Print Name **Don Little**  Signature _(signed)_<br>Company Name: **Don Little Construction + Roofing**<br>CC#_____  License #: **CCC 1330420**  Phone #: **386.697.1246** | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **SHEET METAL** ☐ | Print Name_____  Signature_____<br>Company Name: _____<br>CC#_____  License #: _____  Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **FIRE SYSTEM/ SPRINKLER** ☐ | Print Name_____  Signature_____<br>Company Name: _____<br>CC#_____  License#: _____  Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **SOLAR** ☐ | Print Name_____  Signature_____<br>Company Name: _____<br>CC#_____  License #: _____  Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **STATE SPECIALTY** ☐ | Print Name_____  Signature_____<br>Company Name: _____<br>CC#_____  License #: _____  Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |

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