

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # 73287JOB NAME Cunningham

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

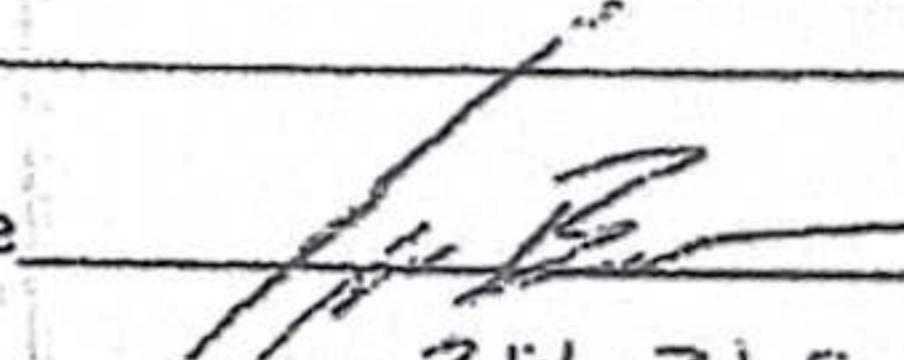
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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>MATT BURNS</u>	Signature 	Need - Lic - Liab - W/C - EX - DE
CC#		Company Name: <u>MATT BURNS Electric, Inc.</u>	386-315-3688 C#11	
		License #: <u>EC 1300 6531</u>	Phone #: <u>386-3885 935-0444</u>	
MECHANICAL/	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
A/C	<input checked="" type="checkbox"/>	Company Name: _____	_____	
CC#		License #: _____	Phone #: _____	
PLUMBING/	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
GAS	<input checked="" type="checkbox"/>	Company Name: _____	_____	
CC#		License #: _____	Phone #: _____	
ROOFING	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
CC#		Company Name: _____	_____	
		License #: _____	Phone #: _____	
SHEET METAL	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
CC#		Company Name: _____	_____	
		License #: _____	Phone #: _____	
FIRE SYSTEM/	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
SPRINKLER	<input checked="" type="checkbox"/>	Company Name: _____	_____	
CC#		License #: _____	Phone #: _____	
SOLAR	<input type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
CC#		Company Name: _____	_____	
		License #: _____	Phone #: _____	
STATE	<input checked="" type="checkbox"/>	Print Name _____	Signature _____	Need - Lic - Liab - W/C - EX - DE
SPECIALTY	<input type="checkbox"/>	Company Name: _____	_____	
CC#		License #: _____	Phone #: _____	