

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Akins _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

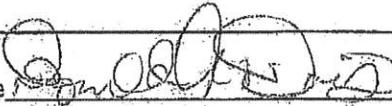
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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	Print Name <u>Donnie Davis</u>	Signature 	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>High Springs Electric</u>	Phone #: <u>386-623-4895</u>	
CC# _____	License #: <u>EC0002306</u>	Phone #: <u>386-623-4895</u>	
MECHANICAL/	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
CC# _____	License #: _____	Phone #: _____	
PLUMBING/	Print Name <u>Cole Weston</u>	Signature 	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>D.W.C. Plumbing</u>	Phone #: <u>352-240-2058</u>	
CC# _____	License #: <u>ZFC 1433496</u>	Phone #: <u>352-240-2058</u>	
ROOFING	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
CC# _____	License #: _____	Phone #: _____	
SHEET METAL	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
SPRINKLER	CC# _____	License #: _____	Phone #: _____
SOLAR	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
CC# _____	License #: _____	Phone #: _____	
STATE	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Llab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: _____	Phone #: _____	
SPECIALTY	CC# _____	License #: _____	Phone #: _____