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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Lot 9 SE Holly Terrace

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>

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ELECTRICAL <input checked="" type="checkbox"/>	Print Name: <u>DENNIS CONKLIN</u> Signature: <u>[Signature]</u> Company Name: <u>D&S Lighting, Inc</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: <u>Franks & Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> LicB <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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ELECTRICAL <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>D&S Lighting, Inc</u> CC# <u>000871</u> License #: <u>EC13003800</u> Phone #: <u>386-755-5255</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name: <u>Mark Lane</u> Signature _____ Company Name: <u>Franks & Lane Heating and Air, LLC</u> CC# <u>002024</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> CC# <u>000715</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Mac Johnson Roofing, Inc</u> CC# <u>001129</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License#: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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

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MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Franks & Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name: <u>Codey BARRS</u> Signature: <u>[Signature]</u> Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Franks & Lane Heating and Air, LLC</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Barrs Plumbing, Inc</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Dana Johnson</u> Signature <u>[Signature]</u> Company Name: <u>Mac Johnson Roofing, Inc</u> License #: <u>CCC1325497</u> Phone #: <u>352-472-4943</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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