

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 71058 JOB NAME Webb Residence

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


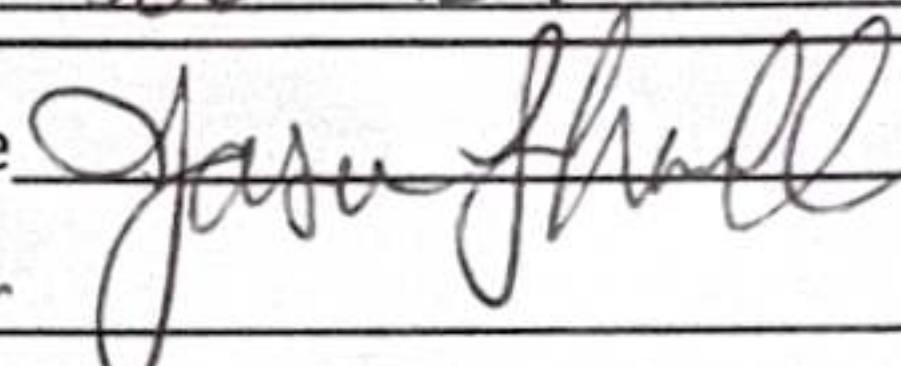
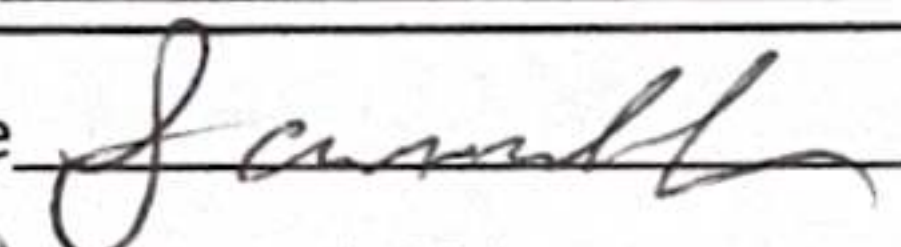

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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.

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|--|--|--|
| ELECTRICAL <input checked="" type="checkbox"/> | Print Name <u>Donnie Davis</u> Signature <u></u> Company Name: <u>High Springs Electric</u> License #: <u>EC0002306</u> Phone #: <u>386-454-1407</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>000380</u> | | |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name <u>Jason Shadd</u> Signature <u></u> Company Name: <u>Shadd Heating and Air</u> License #: <u>CAC1817241</u> Phone #: <u>352-494-6839</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>003093</u> | | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name <u>Sheldon Carroll</u> Signature <u></u> Company Name: <u>Crown Construction Company</u> License #: <u>RF11067911</u> Phone #: <u>386-240-7098</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>003165</u> | | |
| ROOFING <input type="checkbox"/> | Print Name <u>John Crawford</u> Signature <u></u> Company Name: <u>John F. Crawford Homes</u> License #: <u>CBC1264448</u> Phone #: <u>904-338-0683</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>003071</u> | | |
| SHEET METAL <input type="checkbox"/> | Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | | |
| SOLAR <input type="checkbox"/> | Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | | |