

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

48711

JOB NAME

PACHECO

Hernandez

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>Lee Holloway</u>	Signature <u>[Signature]</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>891</u>	Company Name: <u>PENINSULAR ELECT. CO. INC.</u>	License #: <u>EC-0000668</u>	Phone #: <u>352-665-1775</u>
MECHANICAL/A/C	Print Name <u>Clinton G. Wilson</u>	Signature <u>[Signature]</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>802</u>	Company Name: <u>WILSON HEAT AND AIR INC.</u>	License #: <u>CAC057886</u>	Phone #: <u>386-496-9000</u>
PLUMBING/GAS	Print Name <u>CODY BARRS</u>	Signature <u>[Signature]</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>715</u>	Company Name: <u>CODY BARRS Plumbing inc.</u>	License #: <u>CFC057219</u>	Phone #: <u>386-623-0509</u>
ROOFING	Print Name <u>Cecilio Garcia</u>	Signature <u>[Signature]</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>1699</u>	Company Name: <u>KG construction</u>	License #: <u>CRC1329233</u>	Phone #: <u>352-494-4657</u>
SHEET METAL	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
SOLAR	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
STATE SPECIALTY	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____