

SUBCONTRACTOR VERIFICATIONAPPLICATION/PERMIT # 53804JOB NAME Lake City Medical Center - ED Expansion, Pharmacy and Dietary Renovation**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 type="checkbox"/>	Print Name <u>James Brian Seay</u> Signature <u>James Brian Seay</u> DocuSigned by: BCB6A64EBBE148D...	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: <u>Miller Electric Company</u> Total: \$1,532,609 EC 13003061 License #: _____ Phone #: <u>904-509-9289</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Thomas Wade Smith</u> Signature <u>Thomas Wade Smith</u> DocuSigned by: 08923C7366E14CE...	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: <u>WW Gay Mechanical Contractor, Inc.</u> Total: \$1,765,163 CMC1249841 License #: _____ Phone #: <u>904-388-2696</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Thomas Wade Smith</u> Signature <u>Thomas Wade Smith</u> DocuSigned by: 08923C7366E14CE...	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: <u>WW Gay Mechanical Contractor, Inc.</u> Total: \$1,176,775 CFC1425962 License #: _____ Phone #: <u>904-388-2696</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Jonathan Belcher</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# _____	Company Name: <u>Marion/Service Roofing & Sheet Metal Co.</u> License #: <u>CCC1328582</u> Phone #: <u>(352) 622-7256</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u>N/A</u> 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 <input type="checkbox"/>	Print Name <u>Richard Bloom</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# _____	Company Name: <u>WW Gay Fire & Integrated Systems</u> 421788-0001-2001 License #: _____ Phone #: <u>352-258-5521</u>	
SOLAR <input type="checkbox"/>	Print Name <u>N/A</u> 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 <input type="checkbox"/>	Print Name <u>N/A</u> 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 #: _____	