

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME 351 SW Arrowbend Drive Lake City, FL 32024

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"/> CC# _____ | Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <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 type="checkbox"/> CC# _____ | Print Name _____ Signature _____ Company Name: Franks and Lane Heating and Air License #: CAC1818631 Phone #: 386.466.7514 | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS <input type="checkbox"/> CC# _____ | Print Name Kenneth Ault Signature _____ Company Name: Kenneth Edward Ault Plumbing License #: CFC1429807 Phone #: 386-697-3856 | <u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| ROOFING <input type="checkbox"/> CC# _____ | Print Name Rebecca Thomas Signature Rebecca Thomas Company Name: JT Builders License #: CBC1256094 Phone #: 386-623-5079 | <u>Need</u> <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"/> CC# _____ | Print Name N/A Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <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"/> CC# _____ | Print Name N/A Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <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"/> CC# _____ | Print Name N/A Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <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"/> CC# _____ | Print Name N/A Signature _____ Company Name: _____ License #: _____ Phone #: _____ | <u>Need</u> <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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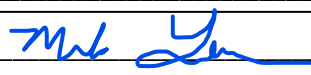
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| MECHANICAL/A/C <input type="checkbox"/> CC# _____ | Print Name <u>MARK LANE</u> Signature <u></u> Company Name: _____ License #: <u>CAC1818631</u> Phone #: <u>386.466.7514</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| PLUMBING/GAS <input type="checkbox"/> CC# _____ | Print Name <u>Kenneth Ault</u> Signature _____ Company Name: <u>Kenneth Edward Ault Plumbing</u> License #: <u>CFC1429807</u> Phone #: <u>386-697-3856</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 type="checkbox"/> CC# _____ | Print Name <u>Rebecca Thomas</u> Signature <u>Rebecca Thomas</u> <small>Digitally signed by Rebecca Thomas Date: 2021.04.18 20:08:43 -04'00'</small> Company Name: <u>JT Builders</u> License #: <u>CBC1256094</u> Phone #: <u>386-623-5079</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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