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 <u>REQUIRED</u> 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 NameSignature	<u>Need</u> □ Lic
_		☐ Liab
L	Company Name:	□ W/C
CC#	License #: Phone #:	□ EX □ DE
		Need
MECHANICAL/	Print Name Signature	O Lic
A/C	Company Name: Franks and Lane Heating and Air	□ Liab □ W/C
		□ EX
CC#	License #: CAC1818631 Phone #: 386.466.7514	D DE
PLUMBING/	Print Name Kenneth Ault Signature	Need Lic
GAS	Company Name: Kenneth Edward Ault Plumbing	□ Liab
		□ w/c □ EX
CC#	License #: CFC1429807 Phone #: 386-697-3856	□ DE
ROOFING	Print Name Rebecca Thomas Signature Rebecca Thomas Digitally eigned by Rebecca Thomas Date: 2021.04.18 20:08:43 -04:00	<u>Need</u> □ Lic
		□ Liab
	Company Name: JT Builders	□ w/c
CC#	License #: CBC1256094 Phone #: 386-623-5079	O EX
CULTURAL DATE AL	N/A	Need
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Ref: F.S. 440.103; ORD. 2016-30

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	Company Name:		□ Liab □ W/C
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MECHANICAL/	Print Name MARK LANE Signature 7	My Ju	<u>Need</u> □ Lic
A/C	Company Name:		□ Liab □ W/C
CC#	License #: CAC1818631 Phone #: 386	5.466.7514	□ EX □ DE
PLUMBING/	Print Name Kenneth Ault Signature		Need Lic
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	Company Name:		□ Liab
CC#	License #: Phone #:		□ EX □ DE
FIRE SYSTEM/	Print NameN/ASignature		<u>Need</u> □ Lic
SPRINKLER	Company Name:		□ Liab □ W/C
CC#	License#: Phone #:		□ EX □ DE
SOLAR	Print NameN/ASignature		Need □ Lic
	Company Name:		□ Liab □ W/C
CC#			□ EX □ DE
STATE	Print Name Signature		<u>Need</u> □ Lic
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