

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

71468

JOB NAME

Eason Addition/Remodel (Garage)

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>Alaina Perry</u>	Signature <u>[Signature]</u>	Need
☐	Company Name: <u>North Florida Maintenance & Repair</u>		☐ Lic
CC#	License #: <u>ER130110315</u>	Phone #: <u>(386) 484-2607</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
MECHANICAL/	Print Name <u>Kyle Culpepper</u>	Signature <u>[Signature]</u>	Need
A/C	Company Name: <u>My A/C Guy Inc.</u>		☐ Lic
CC#	License #: <u>CAE1818477</u>	Phone #: <u>(386) 608-2884</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
PLUMBING/	Print Name <u>Curtis Graddy</u>	Signature <u>[Signature]</u>	Need
GAS	Company Name: <u>Curtis Graddy Plumbing, LLC</u>		☐ Lic
CC#	License #: <u>CFC0430104</u>	Phone #: <u>(386) 608-6228</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
ROOFING	Print Name	Signature	Need
☐	Company Name:		☐ Lic
CC#	License #:	Phone #:	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SHEET METAL	Print Name	Signature	Need
☐	Company Name:		☐ Lic
CC#	License #:	Phone #:	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
FIRE SYSTEM/	Print Name	Signature	Need
SPRINKLER	Company Name:		☐ Lic
CC#	License #:	Phone #:	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SOLAR	Print Name	Signature	Need
☐	Company Name:		☐ Lic
CC#	License #:	Phone #:	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
STATE	Print Name	Signature	Need
☐	Company Name:		☐ Lic
SPECIALTY	License #:	Phone #:	☐ Liab
CC#			☐ W/C
			☐ EX
			☐ DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

71468

JOB NAME

Eason Addition/Remodel
(Garage)

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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐	Print Name <u>CURTIS GRADY</u> Signature <u>Curtis Grady</u> Company Name: <u>GRADY PLUMBING</u> License #: <u>CFC 043064</u> Phone #: <u>386-628-6228</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>Dustin Busscher</u> Signature <u>[Signature]</u> Company Name: <u>JBC Builders</u> License #: <u>CBC1263910</u> Phone #: <u>386-319-7993</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE