SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #	JOB NAME_	Brancon Clay!	bn
		/	

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 Name Matt Burns Signature Matt H Burn	Need D Lic
	Company Name: Burns Electrical Services For	□ Liab □ W/c
CC#	License #: <u>EC 1300653/</u> Phone #: <u>386-365-8948</u>	□ EX
MECHANICAL/	Print Name Signature	Need Need
A/C	Company Name:	_ □ Lic □ Liab
CC#	License #:Phone #:	□ EX
PLUMBING/	Print Name Signature	DE DE Need
GAS	Company Name:	□ Uc □ Uab
CC#		□ W/C
ROOFING	Print Name Vince Rubinson Signature In R	Need Need
	Company Name: V5 Resisson Contracting, LLC	2 Uc
CC#	in MA 122 and	□ Uab □ W/c
CC#	License #: <u>CCC 1328781</u> Phone #: <u>352-339-5280</u>	□ EX
SHEET METAL	Print NameSignature	Need D Uc
	Company Name:	□ tiab
CC#	License #:Phone #:	E W/C
FIRE SYSTEM/	Print NameSignature	Need
SPRINKLER	Company Name:	□ Uab
CC#	License#:Phone #:	□ w/c □ ex
SOLAR	Print NameSignature	D DE Need
	Company Name:	□ Liab
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SPECIALTY	Company Name:	□ w/c
CC#	License #:Phone #:	∃ EX □ DE

Ref: F.S. 440.103; ORD. 2016-30

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #	JOB NAME _	Brandon	Chyton	
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ELECTRICAL	Print NameSignature	Need
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	Company Name:	= w/c
CC#	License #: Phone #:	□ EX
	011-1-0-1471	DE
MECHANICAL/	Print Name Clinton G. Wilson Signature Clinton Sly	Sou E Lic
A/C	Company Name: Wilson Heat & Air, Inc.	☐ Liab
	License #: CAC057886 Phone #: 386-496-9000	
CC#	License #: CAC057886 Phone #: 386-496-9000	DE
PLUMBING/	Print Name Signature	Need Lic
GAS	Company Name:	= Liab
GA3	Company Name.	= w/c
CC#	License #: Phone #:	
	Property Control	Need
ROOFING	Print Name Signature	
	Company Name:	I Liab
		= W/c
CC#	License #: Phone #:	
SHEET METAL	Print Name Signature	Need Z Lic
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SOLAR	Print NameSignature	Z Lie
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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT#	JOB NAME _	Brandon	Cla	yton	no is no source and
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CC#	License #: Phone #:	EX
MECHANICAL/	Print Name Signature	Need
A/c		□ L/c □ L/ab
11114 - 0-1-1-1-1	Company Name:	2 W/C
CC#	License #:Phone #:	DE
PLUMBING/	Print Name Treaton Notan Signature Tw	Need T Lis
GAS	Company Name: Dark River Plumbing	I Lab
CC#	License #:	======================================
	Priorie #:	I DE
ROOFING	Print NameSignature	Need T Lic
	Company Name:	□ L/ab
CC#		= W/C
	License #:Phone #:	I DE
SHEET METAL	Print NameSignature	Need T Lic
	Company Name:	I Liab
CC#	License #: Phone #:	
FIRE SYSTEM/	Print NameSignature	Need T Lic
SPRINKLER	Company Name:	I Dab
CC#		= W/c = EX
	License#:Phone #:	T DE Need
SOLAR	Print NameSignature	I Lic
	Company Name:	Lab W/c
CC#	License #:Phone #:	□ EX
		Need Need
STATE	Print NameSignature	Lic
SPECIALTY	Company Name:	□ L/ab □ W/C
CC#	License #: Phone #*	= EX
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