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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 49273 JOB NAME The Orchard Community

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 checked="" type="checkbox"/>	Print Name <u>Matt Burns</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>309</u>		Company Name: <u>Burns Electrical Services, Inc.</u>	
		License #: <u>EC13006531</u> Phone #: <u>386-365-3688</u>	
MECHANICAL/A/C	<input checked="" type="checkbox"/>	Print Name <u>RALPH P. MAZZACCHI</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Lab <input checked="" type="checkbox"/> W/C <input checked="" type="checkbox"/> EX <input checked="" type="checkbox"/> DE
CC# <u>105</u>		Company Name: <u>Petes Appliance Refrig Serv Inc/DBA Lake City AC + Refrig</u>	
		License #: <u>CAC021353</u> Phone #: <u>386-984-6117</u>	
PLUMBING/GAS	<input checked="" type="checkbox"/>	Print Name <u>Dan Billis</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>298</u>		Company Name: <u>Home Town Plumbing Services</u>	
		License #: <u>CFC1428890</u> Phone #: <u>386-754-6140</u>	
ROOFING	<input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		Company Name: _____	
		License #: _____ Phone #: _____	
SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <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 _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		Company Name: _____	
		License #: _____ Phone #: _____	
SOLAR	<input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <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 _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		Company Name: _____	
		License #: _____ Phone #: _____	