

Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME Touchstone

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 Contractor's 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.

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	Printed Name: <u>Donald Davis</u> Signature: <u>[Signature]</u> Company Name: <u>High Springs Electric</u> Owner <input checked="" type="checkbox"/> License #: <u>EC # 0002306</u> Phone #: <u>386-623-4895</u>
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MECHANICAL / A/C	Printed Name: <u>Andrew Gross</u> Signature: <u>[Signature]</u> Company Name: <u>Southeastern Mechanical</u> Owner <input checked="" type="checkbox"/> License #: <u>CAC 1619813</u> Phone #: <u>352-777-0073</u>
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PLUMBING / GAS	Printed Name: <u>Cole Weston</u> Signature: <u>[Signature]</u> Company Name: <u>DWC Plumbing</u> Owner <input checked="" type="checkbox"/> License #: <u>Cfc# 1433496</u> Phone #: <u>352-240-2058</u>
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ROOFING	Printed Name: <u>Paul McDaniel</u> Signature: <u>[Signature]</u> Company Name: <u>Neel Roofing</u> Owner <input checked="" type="checkbox"/> License #: <u>CCC1335719</u> Phone #: <u>386-752-4072</u>
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FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
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SOLAR	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
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STATE SPECIALTY	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
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