

From: Yahoo hgtdalga@yahoo.com
 Subject: NOTORIZED FORMS
 Date: June 29, 2020 at 1:50 PM
 To: Lucious ceng@baisouth.net



Lucious

Attached are the 3 forms requiring notarizing plus the sub verification. Please note that the Well Driller is a Speciality Sub also. I also included the Notice of Commence twice. Disregard one of them

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 46648 JOB NAME WALTER, LAKHBOE

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 _____ Company Name <u>Holley Electric</u> License # _____ Phone # <u>386-623-2643</u> <u>755/5944</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
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Company Name <u>COOKS AC</u> License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>SCOTT WOLF</u> Company Name <u>WOLF PLUMBING</u> License # <u>CK051621</u> Phone # <u>404-212-3050</u> <u>386-935-0016</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Company Name _____ License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Company Name _____ License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Company Name _____ License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Company Name _____ License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> Ex <input type="checkbox"/> DE
WELL DRILLER <input type="checkbox"/>	Print Name _____ Company Name _____ License # _____ Phone # _____	Signature _____	Need <input type="checkbox"/> Lic