

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

74174

JOB NAME 465 SW Old Bellamy Rd

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>David P Wood</u>	Signature <u>David P Wood</u>	Digitally signed by David P Wood Date: 2025.11.24 15:57:47 -0500	Need
<input checked="" type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>00765</u>		Company Name: <u>Woods Electrical Services, Inc</u>			
License # <u>EC13002213</u>		Phone #: <u>386-364-5246</u>			
MECHANICAL/		Print Name <u>Clinton Wilson</u>	Signature <u>Clinton Wilson</u>		Need
<input checked="" type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
A/C		Company Name: <u>Wilson Heat & Air Inc</u>			
CC# <u>00802</u>		License # <u>CAC057886</u>			Phone #: <u>386-496-9000</u>
PLUMBING/		Print Name <u>Sheldon Camou</u>	Signature <u>Sheldon Camou</u>		Need
<input checked="" type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS		Company Name: <u>Crown Construction Company, LLC</u>			
CC# <u>003165</u>		License # <u>RF11067911</u>			Phone #: <u>352-246-6476</u>
ROOFING		Print Name <u>Mitchell Brown</u>	Signature <u>Mitchell Brown</u>		Need
<input checked="" type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>3401</u>		Company Name: <u>The Solid Rock Builders Construction, Inc</u>			
License # <u>CRC1335118</u>		Phone #: <u>352-318-0895</u>			
SHEET METAL		Print Name	Signature		Need
<input type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#		Company Name:			
License #:		Phone #:			
FIRE SYSTEM/		Print Name	Signature		Need
<input type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPRINKLER		Company Name:			
CC#		License#:	Phone #:		
SOLAR		Print Name	Signature		Need
<input type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#		Company Name:			
License #:		Phone #:			
STATE		Print Name	Signature		Need
<input type="checkbox"/>					<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY		Company Name:			
CC#		License #:	Phone #:		