

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> <small>Digitally signed by David P Wood Date: 2025.11.24 15:57:47 -05'00'</small>	Need
<input checked="" type="checkbox"/>	Company Name: <u>Woods Electrical Services, Inc</u>		<input type="checkbox"/> Lic
CC# <u>00765</u>	License #: <u>EC13002213</u>	Phone #: <u>386-364-5246</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
MECHANICAL/	Print Name <u>Clinton Wilson</u>	Signature <u>Clinton Wilson</u>	Need
A/C <input checked="" type="checkbox"/>	Company Name: <u>Wilson Heat & Air Inc</u>		<input type="checkbox"/> Lic
CC# <u>00802</u>	License #: <u>CAC057886</u>	Phone #: <u>386-496-9000</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
PLUMBING/	Print Name <u>Sheldon Carroll</u>	Signature <u>Sheldon Carroll</u>	Need
GAS <input checked="" type="checkbox"/>	Company Name: <u>Crown Construction Company, LLC</u>		<input type="checkbox"/> Lic
CC# <u>AD3165</u>	License #: <u>RF11067911</u>	Phone #: <u>352-246-6476</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
ROOFING	Print Name <u>Mitchell Brown</u>	Signature <u>Mitchell Brown</u>	Need
<input checked="" type="checkbox"/>	Company Name: <u>The Solid Rock Builders Construction, Inc</u>		<input type="checkbox"/> Lic
CC# <u>3401</u>	License #: <u>CRC1335118</u>	Phone #: <u>352-318-0895</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SHEET METAL	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
FIRE SYSTEM/	Print Name _____	Signature _____	Need
SPRINKLER <input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SOLAR	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
STATE	Print Name _____	Signature _____	Need
SPECIALTY <input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE