

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 66202

JOB NAME Hardegree Modular Home

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>Jacob Grener</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
<input checked="" type="checkbox"/>	Company Name: <u>Grener Electric</u>		
CC#	License #: <u>EC13009274</u>	Phone #: <u>888-482-1284 831-443-3037</u>	
MECHANICAL/A/C	Print Name <u>Austin Lopez</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
<input checked="" type="checkbox"/>	Company Name: <u>Advanced Electric</u>		
CC#	License #: <u>CAC1820846</u>	Phone #: <u>352-414-7599</u>	
PLUMBING/GAS	Print Name <u>Terry Brantley</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
<input checked="" type="checkbox"/>	Company Name: <u>Brantley Plumbing</u>		
CC#	License #: <u>CFC052687</u>	Phone #:	
ROOFING	Print Name	Signature	Need Lic Liab W/C EX DE
<input type="checkbox"/>	Company Name:		
CC#	License #:	Phone #:	
SHEET METAL	Print Name	Signature	Need Lic Liab W/C EX DE
<input type="checkbox"/>	Company Name:		
CC#	License #:	Phone #:	
FIRE SYSTEM/SPRINKLER	Print Name	Signature	Need Lic Liab W/C EX DE
<input type="checkbox"/>	Company Name:		
CC#	License#:	Phone #:	
SOLAR	Print Name	Signature	Need Lic Liab W/C EX DE
<input type="checkbox"/>	Company Name:		
CC#	License #:	Phone #:	
STATE SPECIALTY	Print Name	Signature	Need Lic Liab W/C EX DE
<input type="checkbox"/>	Company Name:		
CC#	License #:	Phone #:	