

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Coker Residence

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>Gary Stiles</u> Signature <u>Gary Stiles</u> Company Name: <u>Apple Electric</u> License #: <u>EC13009538</u> Phone #: <u>9044767359</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name <u>Richard m Touchstone</u> Signature <u>Richard M Touchstone</u> Company Name: <u>Touchstone Heating and Air, Inc</u> License #: <u>CAC058099</u> Phone #: <u>386-269-4449</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐	Print Name <u>Woodard M Holland</u> Signature <u>Woodard M Holland</u> Company Name: <u>Pecan Construction</u> License #: <u>CFC1430512</u> Phone #: <u>904-449-2129</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>John O'Neal</u> Signature <u>John W. O'Neal</u> Company Name: <u>ONEAL ROOFING CO. INC.</u> License #: <u>CCC016346</u> Phone #: <u>386-752-7578</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Electrical Subcontractor Verification

Final Audit Report

2022-04-13

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"Electrical Subcontractor Verification" History

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