

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Jefferson, Malik

**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.

<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name <u>Shelby Mountain</u> Signature _____ Company Name: <u>COUNTY LINE ELECTRIC LLC</u> License #: <u>EC13010845</u> Phone #: <u>(352) 262-6280</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/>	Print Name <u>Erik Worthmann</u> Signature <u>[Signature]</u> Company Name: <u>CT Mechanical</u> License #: <u>CMC1249305</u> Phone #: <u>(877) 308-0081</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/>	Print Name <u>Ron Fletcher</u> Signature _____ Company Name: <u>Fletcher Plumbing INC</u> License #: <u>CFC057986</u> Phone #: <u>(352) 745-3777</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b>  <input type="checkbox"/>	Print Name <u>Ben Keeler</u> Signature <u>[Signature]</u> Company Name: <u>Keeler Roofing Contractor</u> License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>William Shelby Mountain</u> Signature <u>[Signature]</u> Company Name: <u>COUNTY LINE ELECTRIC LLC</u> License #: <u>EC13010845</u> Phone #: <u>(352) 262-6280</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Erik Worthmann</u> Signature _____ Company Name: <u>CT Mechanical</u> License #: <u>CMC1249305</u> Phone #: <u>(877) 308-0081</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Ron Fletcher</u> Signature _____ Company Name: <u>Fletcher Plumbing INC</u> License #: <u>CFC057986</u> Phone #: <u>(352) 745-3777</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Ben Keeler</u> Signature _____ Company Name: <u>Keeler Roofing Contractor</u> License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b>	Print Name <u>Shelby Mountain</u> Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name <u>COUNTY LINE ELECTRIC LLC</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: <u>EC13010845</u> Phone #: <u>(352) 262-6280</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MECHANICAL/ A/C</b>	Print Name <u>Erik Worthmann</u> Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name <u>CT Mechanical</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: <u>CMC1249305</u> Phone #: <u>(877) 308-0081</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PLUMBING/ GAS</b>	Print Name <u>Ron Fletcher</u> Signature <u>Ronald C. Fletcher</u>	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name <u>Fletcher Plumbing INC</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: <u>CFC057986</u> Phone #: <u>(352) 745-3777</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ROOFING</b>	Print Name <u>Ben Keeler</u> Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name <u>Keeler Roofing Contractor</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SHEET METAL</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SOLAR</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Company Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No