

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47363

JOB NAME 30-3S-16-02399-000 - 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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>GLENN WHITTINGTON</u> Signature _____ Company Name: <u>WHITTINGTON ELECTRIC INC</u> License #: <u>EC13002957</u> Phone #: <u>386-972-1701</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/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>RODNEY CRIBBS</u> Signature _____ Company Name: <u>QUALITY AIR CARE LLC</u> License #: <u>RA13067616</u> Phone #: <u>386.288.8034</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/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>LASTER FAULKNER</u> Signature <u>Laster C Faulkner</u> Company Name: <u>VERTICAL PLUMBING, LLC</u> License #: <u>CFC1426421</u> Phone #: <u>386-867-4787</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>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</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 <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</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>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</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>SOLAR</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</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>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</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