

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

44801

JOB NAME

CORNERSTONE Development II LLC

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>MARK MATHEWS</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>MATHEWS ELECTRIC</u>	
CC# <u>76</u>	License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	
MECHANICAL/A/C	Print Name <u>DEREK WILLIAMS</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u>	
CC# <u>13</u>	License #: <u>CAC1816913</u> Phone #: <u>386-754-1987</u>	
PLUMBING/GAS	Print Name <u>FRANK SOUCINEK</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>DEPENDABLE PLUMBING</u>	
CC# <u>868</u>	License #: <u>CFC057747</u> Phone #: <u>386-752-5218</u>	
ROOFING	Print Name <u>TO BE DECIDED</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SHEET METAL	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>NA</u>	
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>NA</u>	
CC# _____	License #: _____ Phone #: _____	
SOLAR	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>NA</u>	
CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>NA</u>	
CC# _____	License #: _____ Phone #: _____	

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ELECTRICAL <input type="checkbox"/>	Print Name <u>MARK MATHews</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>MATHews ELECTRIC</u>	
	License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u>	
	License #: <u>CAC1816913</u> Phone #: <u>386-704-1987</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>DEPENDABLE PLUMBING</u>	
	License #: <u>CFC057747</u> Phone #: <u>886-752-5218</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>STAN L SUMMELIN</u> Signature _____	Need Lic Liab W/C EX DE
CC# <u>534</u>	Company Name: <u>STAN L SUMMELIN</u>	
	License #: <u>CCC132492</u> Phone #: <u>386-288-5426</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	