

Columbia County

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54441

JOB NAME

Sheila Haggerty

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>CAR Electrical</u>	Signature <u>RE</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☒	Company Name:		
CC#	License #: <u>EC13005730</u>	Phone #: <u>1-904-291-9436</u>	
MECHANICAL/A/C	Print Name <u>Dave Scott</u>	Signature <u>Dave Scott</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☒	Company Name: <u>Dave Scott Heating and Air LLC</u>		
CC#	License #: <u>CAC1814204</u>	Phone #: <u>904 654 8500</u>	
PLUMBING/GAS	Print Name <u>Cody Barrs</u>	Signature <u>Cody Barrs</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☒	Company Name: <u>Barrs Plumbing, Inc.</u>		
CC#	License #: <u>CFC1427145</u>	Phone #: <u>386-752-8656</u>	
ROOFING	Print Name <u>James Alan Plant II</u>	Signature <u>James Plant</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☐	Company Name: <u>Legacy Roofing Construction of NFL INC</u>		
CC#	License #: <u>CCC1333244</u>	Phone #: <u>(904) 413-7114</u>	
SHEET METAL	Print Name	Signature	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☐	Company Name:		
CC#	License #:	Phone #:	
FIRE SYSTEM/SPRINKLER	Print Name	Signature	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☐	Company Name:		
CC#	License #:	Phone #:	
SOLAR	Print Name	Signature	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☐	Company Name:		
CC#	License #:	Phone #:	
STATE SPECIALTY	Print Name	Signature	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
☐	Company Name:		
CC#	License #:	Phone #:	