

SUBCONTRACTOR VERIFICATION

(65)

APPLICATION/PERMIT # 47241 JOB NAME _____

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 <input checked="" type="checkbox"/>	Print Name <u>MARK MATHEWS</u> Signature <u>[Signature]</u> Company Name: <u>MATHEWS ELECTRIC</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature <u>[Signature]</u> Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u> License #: <u>CAC1816913</u> Phone #: <u>386-754-1987</u>	Need <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature <u>[Signature]</u> Company Name: <u>DEPENDABLE PLUMBING</u> License #: <u>CFC057747</u> Phone #: <u>386-752-5218</u>	Need <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>TO BE DECIDED</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	Need <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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ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>MARK MATHEWS</u> Signature <u>See Attached</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: <u>MATHEWS ELECTRIC</u>		
CC# _____	License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature <u>See Attached</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: <u>DEREK WILLIAMS HEATING & COOLING</u>		
CC# _____	License #: <u>CAC1816913</u> Phone #: <u>386-784-1987</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: <u>DEPENDABLE PLUMBING</u>		
CC# <u>868</u>	License #: <u>CFC057747</u> Phone #: <u>886-752-5218</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Summers Roofing Inc</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
Company Name: <u>JOHN L. Summers Inc</u>		
CC# <u>534</u>	License #: <u>CCC1326192</u> Phone #: <u>386-288-5426</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____		
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____		
CC# _____	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____		
CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	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
Company Name: <u>NA</u>		
CC# _____	License #: _____ Phone #: _____	