

SUBCONTRACTOR VERIFICATION

MATTHEW & ANGELA STEVENS

APPLICATION/PERMIT # 58755

JOB NAME 235 SE SILKY CT, HIGH SPRINGS,
FL 32643

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"/>	OWNER Print Name <u>ANGELA STEVENS</u> Signature <u>[Signature]</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>(352) 870-3415</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>ANGELA STEVENS</u> Signature <u>[Signature]</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>(352) 870-3415</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>ANGELA STEVENS</u> Signature <u>[Signature]</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>(352) 870-3415</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>N/A</u> Signature <u>N/A</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u>	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 <u>N/A</u> Signature <u>N/A</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u>	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 <u>N/A</u> Signature <u>N/A</u> Company Name: <u>N/A</u> License #: <u>N/A</u> Phone #: <u>N/A</u>	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: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
OTHER STATE SPECIALTY <input type="checkbox"/>	Print Name <u>Donald Little</u> Signature <u>[Signature]</u> Company Name <u>Tubular Building Systems, LLC</u> License # <u>CBC126221</u> Phone #: <u>386-861-0006</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE