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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Lot 28, Turkey Creek subdivision

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 type="checkbox"/>	Print Name <u>Nervin Hines</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Hines Electrical + Comm.</u> License #: <u>EC13003393</u> Phone #: <u>352-472-4277</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>DAVID HALL</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>DAVID HALL'S, INC</u> License #: <u>CACO57424</u> Phone #: <u>386 755 9792</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Cal Burr</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Burr Plumb</u> License #: <u>CFC 1127195</u> Phone #: <u>386 623-0509</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Kean Beadenbaugh</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Plumb Level Const</u> License #: <u>CCC#1329482</u> Phone #: <u>386 365 5264</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	