SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # **47812** JOB NAME **Peace-Roberts Residence**

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.

		Need
ELECTRICAL ☐ CC#_____	Print Name Matt Burns Signature Matt Burns (Verified by PDFFiller 11/20/2020) Company Name: Burns Electrical Services Inc License #: EC13006531 Phone #: 386-935-0444	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name Clint G Wilson Signature Clint Wilson (Verified by PDFFiller 11/20/2020) Company Name: Wilson Heat & Air License #: CAC057886 Phone #: 386-496-9000	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name Aaron Hokanson Signature Aaron Hoaknson (Verified by PDFFiller 11/20/2020) Company Name: Aaron's Plumbing Co License #: CFC1426264 Phone #: 386-365-1667	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name Blake N Lunde II Signature Blake N Lunde II, President (Verified by PDFFiller 11/20/2020) Company Name: Blake Roofing Inc License #: CCC1331699 Phone #: 386-754-5810	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Ref: F.S. 440.103; ORD. 2016-30