SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 49529 JOB NAME Wade Custom Homes OBO SPEICHER

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 ☑ CC#_____	Print Name Jack Earl Spann Signature Company Name: Creative Design Electrical LLLP License #: ER0004625 Phone #: 352-463-6440	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☑ CC#_____	Print Name Jack Earl Spann Signature Company Name: Spann's Heating and Air License #: RA0029414 Phone #: 352-463-6440	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☑ CC#_____	Print Name James Butler Signature Company Name: Butler Plumbing of Gainesville, Inc. License #: CFC057960 Phone #: 352-472-3677	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☑ CC#_____	Print Name Paula Kennedy Signature Company Name: Gainesville Roofing & Co., Inc. License #: CCC1328678 Phone #: 352-213-2088	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#: _____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☑ CC#_____	Print Name Frank Anderson Signature Company Name: Gator Gas LP, Inc. License #: 3004 Phone #: 352-542-8420	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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