

SUBCONTRACTOR VERIFICATION

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

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

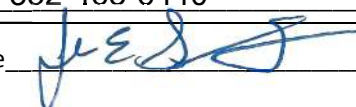
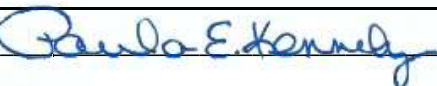
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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