

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 46252 JOB NAME Annie Mattox Park Renovations

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>David Wood</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Wood's Electrical</u> License #: <u>EC-13002213</u> Phone #: <u>386/364-5246</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Clint Wilson</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Wilson's Heat and Air</u> License #: <u>CAL057886</u> Phone #: <u>(386) 496-9000</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>David McCullors</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>M & R Plumbing</u> License #: <u>CF051636</u> Phone #: <u>352/317-6104</u>	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	
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 #: _____	