

## 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		Print Name <u>David Ward</u> Signature <u>DT CW 1</u>	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: <u>Wood's Electrical</u>	
CC#		License #: <u>EC-13002213</u> Phone #: <u>386/364-5246</u>	
MECHANICAL/		Print Name <u>Clint Wilson</u> Signature <u>Clint Wilson</u>	Need - Lic - Lab - W/C - EX - DE
A/C	<input type="checkbox"/>	Company Name: <u>Wilson's Heat and Air</u>	
CC#		License #: <u>CAC 057886</u> Phone #: <u>(386) 4916-9000</u>	
PLUMBING/		Print Name <u>David McCullors</u> Signature <u>David - M. McCullors</u>	Need - Lic - Lab - W/C - EX - DE
GAS	<input type="checkbox"/>	Company Name: <u>M &amp; R Plumbing</u>	
CC#		License #: <u>CFCL051636</u> Phone #: <u>352/317-6104</u>	
ROOFING		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
SHEET METAL		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
FIRE SYSTEM/		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
SOLAR		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
STATE		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
SPECIALTY		Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	