

SUBCONTRACTOR VERIFICATION

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APPLICATION/PERMIT # _____

JOB NAME VICTORY Land Holdings, LLC

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

F/F- Outdoors
Build

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>Mike ALBAN</u> Company Name: <u>ALBAN Electric</u> CC# _____ License #: <u>EC13001868</u> Phone #: <u>386) 208-4414</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C	<input type="checkbox"/> Print Name <u>S Beth Davis</u> Company Name: <u>Tourtton's Heat + Air</u> CC# _____ License #: <u>CAC058747</u> Phone #: <u>3816-362-4509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS	<input type="checkbox"/> Print Name <u>Ronald Cochran</u> Company Name: <u>Cochran Plumbing Service</u> CC# _____ License #: <u>CFC1429154</u> Phone #: <u>386-205-8050</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING	<input type="checkbox"/> Print Name <u>TIM LEE</u> Company Name: <u>The Building Butlers</u> CC# _____ License #: <u>CCC-1329038</u> Phone #: <u>352-262-8974</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	<input type="checkbox"/> Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	<input type="checkbox"/> Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	<input type="checkbox"/> Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY	<input type="checkbox"/> Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE