

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>Donald Hollingsworth II</u> Signature <u>Donald Hollingsworth II</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Holly Electric, Inc</u> License #: <u>EC130121104</u> Phone #: <u>386-755-5944</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Michael Faught</u> Signature <u>Michael Faught</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>Akins Heat & Air, Inc</u> License #: <u>CAC1813540</u> Phone #: <u>352-463-2380</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>George Dwyer</u> Signature <u>George Dwyer</u>	Need Lic Liab W/C EX DE
CC#	Company Name: <u>APR Plumbing</u> License #: <u>CFC1427133</u> Phone #: <u>386-438-9625</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Gary W. Thompson</u> Signature <u>Gary W. Thompson</u>	Need Lic Liab W/C EX DE
CC#	Company Name: _____ License #: <u>CRCO 46869</u> Phone #: <u>(386) 867-5477</u>	
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 #: _____	