

SUBCONTRACTOR VERIFICATIONAPPLICATION/PERMIT # 673660 JOB NAME Heath & Alexa Boothe**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 checked="" type="checkbox"/> CC# _____	Print Name <u>Alaina Perry</u> Signature <u></u> Company Name: <u>North Florida Maintenance and Repair</u> License #: <u>ER13016315</u> Phone #: <u>386- 984-2607</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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ 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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ 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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ 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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

07300

JOB NAME

Heath & Alexa Boote

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ELECTRICAL	Print Name <u>Raul</u>	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input checked="" type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
MECHANICAL/A/C	Print Name <u>Rob Jarvis</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input checked="" type="checkbox"/>	Company Name: <u>Jarvis Heat & Air</u>		
CC# _____	License #: <u>CAC1816766</u>	Phone #: <u>386-496-4603</u>	
PLUMBING/GAS	Print Name <u>Roger Whiddon</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input checked="" type="checkbox"/>	Company Name: <u>Lake City Plumbing</u>		
CC# _____	License #: <u>CFC 1428686</u>	Phone #: <u>386-754-7367</u>	
ROOFING	Print Name <u>Nicholas Tyre</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input checked="" type="checkbox"/>	Company Name: <u>Creative Concepts</u>		
CC# _____	License #: <u>CCC 1334900</u>	Phone #: <u>(386) 305-8690</u>	
SHEET METAL	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
SOLAR	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
STATE SPECIALTY	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> OE
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	