

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Fort White Dollar General

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

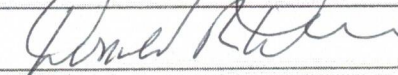
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NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

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ELECTRICAL	Print Name <u>Donald Davis</u> Signature  <input checked="" type="checkbox"/> Company Name: <u>High Springs Electric Inc</u> CC# _____ License #: <u>EC0002306</u> Phone #: <u>386-623-0499</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	Print Name <u>Mike Myers</u> Signature _____ <input checked="" type="checkbox"/> Company Name: <u>Southern Air Systems of N FL Inc</u> CC# _____ License #: <u>CAC1816683</u> Phone #: <u>352-494-5893</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	Print Name <u>Billy Rathel</u> Signature _____ <input checked="" type="checkbox"/> Company Name: <u>Five Star Plumbing Big Bend Inc</u> CC# _____ License #: <u>CFC1427547</u> Phone #: <u>850-590-2957</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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SHEET METAL	Print Name _____ Signature _____ <input type="checkbox"/> 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	Print Name _____ Signature _____ <input type="checkbox"/> 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	Print Name _____ Signature _____ <input type="checkbox"/> 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	Print Name _____ Signature _____ <input type="checkbox"/> 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

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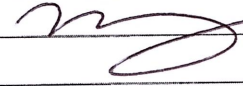
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