

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____

JOB NAME

Ruffe - 278 Thompsons Loop

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>MARK MATHEWS</u> Signature <u>[Signature]</u> Company Name: <u>MATHEWS Electric LLC</u> License #: <u>EC13005459</u> Phone #: <u>386 344 2029</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☒	Print Name <u>Rodney Cribbs</u> Signature <u>[Signature]</u> Company Name: <u>Quality Air Care</u> License #: <u>RA13067616</u> Phone #: <u>386 288-8034</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☒	Print Name <u>AARON HOKANSON</u> Signature <u>[Signature]</u> Company Name: <u>AARONS Plumbing Corp</u> License #: <u>CFC1426264</u> Phone #: <u>386-365-1667</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☒	Print Name <u>MARY CAROL JOHNSON</u> Signature <u>Mary Carol Johnson</u> Company Name: <u>RCRA Johnson Roofing INC</u> License #: <u>CC1330073</u> Phone #: <u>386 755 2377</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE