

42409

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_ (65)

**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.

<b>ELECTRICAL</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>MECHANICAL/A/C</b> X =	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> Company Name: <u>Epic A/C Service</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need = Lic = Liab = W/C = EX = DE
<b>PLUMBING/GAS</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>ROOFING</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>SHEET METAL</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>FIRE SYSTEM/SPRINKLER</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>SOLAR</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
<b>STATE SPECIALTY</b> =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = L = L = V = I

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

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<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/ GAS</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b>  <input type="checkbox"/>	Print Name <u>Ralph Lovardure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> License #: <u>1328590</u> Phone #: <u>386-623-0128</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

## SUBCONTRACTOR VERIFICATION

1 of 1

JOB NAME \_\_\_\_\_

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<b>MECHANICAL/</b> <b>A/C</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b>  <input type="checkbox"/>  CC# _____	Print Name <b>Billy Rathel</b> Signature <i>B. Rathel</i> Company Name: <b>Five Star Plumbing Big Bend Inc</b> License #: <b>CFC1427547</b> Phone #: <b>850/590/2957</b>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b>  <input type="checkbox"/>  CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

### SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME \_\_\_\_\_

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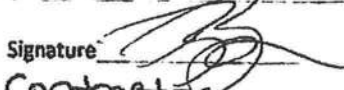
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<b>ELECTRICAL</b> <input type="checkbox"/> CCH# 811	Print Name <u>RYAN BEVILLE</u> Signature  Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b> <input type="checkbox"/> CCH# <del>1217</del>	Print Name <del>Bryan Bounds</del> Signature <del>[Signature]</del> Company Name: <del>Bounds Heating &amp; Cooling</del> License #: <del>CA1815198</del> Phone #: <del>352-470-2761</del>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/ GAS</b> <input type="checkbox"/> CCH# 1023	Print Name <del>MARK GAUSKOP</del> Signature <del>[Signature]</del> Company Name: <del>Express Plumbing</del> License #: <del>CE11428040</del> Phone #: <del>386-817-0269</del>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CCH# <del>1129</del>	Print Name <del>Mark Johnson</del> Signature <del>[Signature]</del> Company Name: <del>Mac Johnson Roofing</del> License #: <del>CC1395197</del> Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>STATE SPECIALTY</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE