

SUBCONTRACTOR VERIFICATION

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APPLICATION/PERMIT # _____ JOB NAME Joshua & Jessica Robinson

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 ☐ CC# _____	Print Name <u>Matt Burns</u> Company Name: <u>Burns Electric</u> License #: <u>ER13013004</u> Phone #: <u>386-935-0444</u>	Signature <u>Matt Burns</u> Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CC# _____	Print Name <u>Jan Touchton</u> Company Name: <u>Touchtons Heating and Air</u> License #: <u>CAC058747</u> Phone #: <u>386-362-4509</u>	Signature <u>Jan Touchton</u> Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CC# _____	Print Name <u>Cody Barrs</u> Company Name: <u>Barrs Plumbing</u> License #: <u>CF-57219</u> Phone #: <u>386-386-623-0509</u>	Signature <u>Cody Barrs</u> Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name <u>Kevin Bedenbaugh</u> Company Name: <u>Plumb Level Construction</u> License #: <u>CCC1329482</u> Phone #: <u>386-365-5264</u>	Signature <u>Kevin Bedenbaugh</u> Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE