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

## 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>386-623-0178</u>	<b>Need</b> <input checked="" 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

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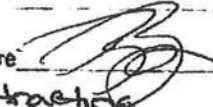
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<b>ELECTRICAL</b> <input type="checkbox"/> CCH# 811	Print Name <u>Ryan Beville</u> Signature  Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	<b>Need</b> Lic Lab W/C EX DE
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/> CCH# <del>1257</del>	Print Name <del>Bryan Bonds</del> Signature <del>[Signature]</del> Company Name: <del>Bonds Heating &amp; Cooling</del> License #: <del>CA1815198</del> Phone #: <del>352-470-2761</del>	<b>Need</b> Lic Lab W/C EX DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/> CCH# 1023	Print Name <del>MARK GANSKOP</del> Signature <del>[Signature]</del> Company Name: <del>Express Plumbing</del> License #: <del>EC1428046</del> Phone #: <del>386-867-0269</del>	<b>Need</b> Lic Lab W/C EX 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>CC1305477</del> Phone #: _____	<b>Need</b> Lic Lab W/C EX DE
<b>SHEET METAL</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> Lic Lab W/C EX DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> Lic Lab W/C EX DE
<b>SOLAR</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> Lic Lab W/C EX DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/> CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> Lic Lab W/C EX DE