

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Century Homes - Jewel Lake

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>Ryan Beville</u>	Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>000811</u>	Company Name: <u>RBI Electrical</u>		
	License #: <u>EC13004236</u>	Phone #: <u>352.514.0428</u>	
MECHANICAL/A/C ☐	Print Name <u>Timothy Shatto</u>	Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>000770</u>	Company Name: <u>Shatto Air</u>		
	License #: <u>CAC057875</u>	Phone #: <u>386.496.8224</u>	
PLUMBING/GAS ☐	Print Name <u>Phillip McDonald</u>	Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>001822</u>	Company Name: <u>Phillip McDonald Plumbing</u>		
	License #: <u>CFC1428926</u>	Phone #: <u>352.485.2181</u>	
ROOFING ☐	Print Name <u>Benjamin Keeler</u>	Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>001869</u>	Company Name: <u>Keeler Roofing</u>		
	License #: <u>CCC1330509</u>	Phone #: <u>352.514.4930</u>	
SHEET METAL ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
	License #: _____	Phone #: _____	
SOLAR ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
	License #: _____	Phone #: _____	
STATE SPECIALTY ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
	License #: _____	Phone #: _____	

Ref: F.S. 440.103; ORD. 2016-30