

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Sparks Construction; Aldridge Residence

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.

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|--|--|--|
| ELECTRICAL <input type="checkbox"/> | Print Name <u>Ben Sparks</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>2148</u> | Company Name: <u>Barrs Plumbing Line Electric</u> License #: <u>EC13009101</u> Phone #: <u>786.361.0046</u> | |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>2090</u> | Company Name: <u>Epic Ac</u> License #: <u>CAC1819412</u> Phone #: <u>786.698.7107</u> | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name <u>Barrs Plumbing Oddy Barrs</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>0715</u> | Company Name: <u>Barrs Plumbing + Gas</u> License #: <u>CFC1427145</u> Phone #: <u>786.752.8656</u> | |
| ROOFING <input type="checkbox"/> | Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# <u>0813</u> | Company Name: <u>RWL Roofing, LLC</u> License #: <u>CCC1328590</u> Phone #: <u>786.755.6439</u> | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |

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