

ONLY ROOF

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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

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 Bevin</u> Signature <u>Ryan Bevin</u>	Need Lic Uab W/C EX DE
CC#	Company Name: <u>RBI</u> License #: <u>H777</u> Phone #: <u>514-0428</u>	
MECHANICAL/ A/C =	Print Name <u>Matt McGleim</u> Signature <u>[Signature]</u>	Need Lic Uab W/C EX DE
CC#	Company Name: <u>HOMETOWN HVAC</u> License #: <u>CAC1810078</u> Phone #: <u>352-215-2055</u>	
PLUMBING/ GAS =	Print Name <u>Kevin Coleman</u> Signature <u>[Signature]</u>	Need Lic Uab W/C EX DE
CC#	Company Name: <u>COLEMAN'S PLUMBING</u> License #: <u>9009</u> Phone #: <u>472-4114</u>	
ROOFING =	Print Name <u>BEN KEELER</u> Signature <u>[Signature]</u>	Need Lic Uab W/C EX DE
CC#	Company Name: <u>KEELER ROOFING</u> License #: <u>CCG1330509</u> Phone #: <u>514-8930</u>	
SHEET METAL =	Print Name _____ Signature _____	Need Lic Uab W/C EX DE
CC#	Company Name: <u>N/A</u> License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER =	Print Name _____ Signature _____	Need Lic Uab W/C EX DE
CC#	Company Name: <u>N/A</u> License #: _____ Phone #: _____	
SOLAR =	Print Name _____ Signature _____	Need Lic Uab W/C EX DE
CC#	Company Name: <u>N/A</u> License #: _____ Phone #: _____	
STATE SPECIALTY =	Print Name _____ Signature _____	Need Lic Uab W/C EX DE
CC#	Company Name: _____ License #: _____ Phone #: _____	