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APPLICATION FORM # \_\_\_\_\_

JOB NAME Lot 11 Westwind Estates

THIS FORM MUST BE SUBMITTED FOR A PERMIT WILL BE SOLED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is the contractor's responsibility to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

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. For website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

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<input checked="" type="checkbox"/> ELECTRICAL CCB	Print Name: <u>Ryan Beville</u> Signature: <u>[Signature]</u> Company Name: <u>RBI Electrical Contractors LLC</u> License #: <u>EC 1300 4236</u> Phone #: <u>352-339-0369</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> MECHANICAL/ A/C CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> PLUMBING/ CAB CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> ROOFING CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> HEAVY MECHANICAL CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> CONCRETE/ FOUNDATION CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> PAINT CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> OTHER CCB	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

lot 11 Westwind Estates

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<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <input type="checkbox"/> - W/C <input type="checkbox"/> - EX <input type="checkbox"/> - DE
<b>MECHANICAL/ A/C</b>  <input checked="" type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>Clinton Wilson</u> Company Name: <u>Wilson Heat &amp; Air Inc.</u> CC# _____ License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <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: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <input type="checkbox"/> - W/C <input type="checkbox"/> - EX <input type="checkbox"/> - DE
<b>ROOFING</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <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: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <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: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <input type="checkbox"/> - W/C <input type="checkbox"/> - EX <input type="checkbox"/> - DE
<b>SOLAR</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <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: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> - C <input type="checkbox"/> - Lab <input type="checkbox"/> - W/C <input type="checkbox"/> - EX <input type="checkbox"/> - DE



## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Lot 11 Westwind Estates

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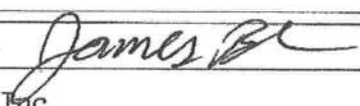
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<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <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 <u>James L Butler</u> Signature <u></u> Company Name: <u>Butler Plumbing of Gainesville Inc</u> License #: <u>CFC057960</u> Phone #: <u>352 472 3677</u>	Need <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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input 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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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 #: _____	Need <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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ELECTRICAL	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
MECHANICAL/ A/C	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
PLUMBING/ GAS	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
ROOFING	Print Name <u>Jeff Bokor</u> Signature <u>[Signature]</u>	Need
<input type="checkbox"/>	Company Name: <u>DWC Contracting LLC</u>	- Lic
CC# _____	License #: <u>CCC-1329756</u> Phone #: <u>352-3396387</u>	- Liab
		- W/C
		- EX
		- DE
SHEET METAL	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
SOLAR	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE
STATE SPECIALTY	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	- Lic
CC# _____	License #: _____ Phone #: _____	- Liab
		- W/C
		- EX
		- DE