

42415

65

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>

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Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>811</u>	Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Bryan Bounds</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>1317</u>	Company Name: <u>Bounds Heating & Cooling</u> License #: <u>CAC1815198</u> Phone #: <u>352-472-2761</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>623</u>	Company Name: <u>Express Plumbing</u> License #: <u>CFC1428040</u> Phone #: <u>386-867-0269</u>	
ROOFING <input type="checkbox"/>	Print Name <u>[Signature]</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>1129</u>	Company Name: <u>Mae Johnson Roofing</u> License #: <u>CC1305497</u> Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
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ELECTRICAL CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
MECHANICAL/A/C CC# _____	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> Company Name: <u>Epic A/C Service</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need - Lic - Liab - W/C - EX - DE
PLUMBING/GAS CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
ROOFING CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SHEET METAL CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SOLAR CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
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MECHANICAL/A/C <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
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Billy Rathel</u> Signature <u>B. Rathel</u> Company Name: <u>Five Star Plumbing Big Bend Inc</u> License #: <u>CFC1427547</u> Phone #: <u>850/590/2957</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <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
SHEET METAL <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
FIRE SYSTEM/SPRINKLER <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
SOLAR <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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MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> License #: <u>1328590</u> Phone #: <u>386-623-0128</u>	<u>Need</u> <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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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STATE <input type="checkbox"/> SPECIALTY	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE