SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____   JOB NAME _Fort White - Bing, mosley Cannon_

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.

Trade	Details	Need
ELECTRICAL [X] CC# ____	Print Name _Ryan C. Beville_ Signature _Ryan C Beville_ Company Name: _RBI Electrical Contracting, LLC_ License #: _EC13004236_ Phone #: _352-514-0428_	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
MECHANICAL/ A/C [X] CC# ____	Print Name _Donald R. Davis_ Signature _See attached_ Company Name: _High Springs Electric and Air, Inc_ License #: _CAC1815367_ Phone #: _386-623-0499_	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
PLUMBING/ GAS [X] CC# ____	Print Name _Brent Taylor McColl_ Signature _See attached_ Company Name: _Suwannee Valley Plumbing, LLC_ License #: _CFC1432405_ Phone #: _386-688-2030_	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
ROOFING ☐ CC# ____	Print Name ____ Signature ____ Company Name: ____ License #: ____ Phone #: ____	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
SHEET METAL N/A ☐ CC# ____	Print Name ____ Signature ____ Company Name: ____ License #: ____ Phone #: ____	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
FIRE SYSTEM/ SPRINKLER ☐ CC# N/A	Print Name ____ Signature ____ Company Name: ____ License#: ____ Phone #: ____	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
SOLAR ☐ CC# N/A	Print Name ____ Signature ____ Company Name: ____ License #: ____ Phone #: ____	Lic ☐ Liab ☐ W/C ☐ EX ☐ DE ☐
STATE SPECIALTY ☐	Print Name ____ Signature ____ Company Name: ____	Lic ☐ Liab ☐

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

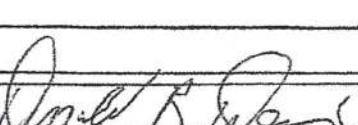### THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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.

			Need
ELECTRICAL ☐	Print Name _See attached_	Signature _____	☐ Lic ☐ Liab ☐ W/C
	Company Name:		☐ EX
CC# _____	License #: _____	Phone #: _____	☐ DE
MECHANICAL/	Print Name Donald R. Davis	Signature _(signed)_	☐ Lic
A/C ☒	Company Name: High Springs Electric and Air, Inc		☐ Liab ☐ W/C
CC# _____	License #: CAC1815367	Phone #: 386-623-0499	☐ EX ☐ DE
PLUMBING/	Print Name _____	Signature _____	☐ Lic
GAS · ☐	Company Name: _See attached_		☐ Liab ☐ W/C
CC# _____	License #: _____	Phone #: _____	☐ EX ☐ DE
ROOFING ☐	Print Name _____	Signature _____	☐ Lic ☐ Liab
	Company Name: _____		☐ W/C
CC# _____	License #: _____	Phone #: _____	☐ EX ☐ DE
SHEET METAL N/A ☐	Print Name _____	Signature _____	☐ Lic ☐ Liab
	Company Name: _____		☐ W/C
CC# _____	License #: _____	Phone #: _____	☐ EX ☐ DE
FIRE SYSTEM/	Print Name _____	Signature _____	☐ Lic
SPRINKLER ☐	Company Name: _____		☐ Liab ☐ W/C
CC# N/A	License #: _____	Phone #: _____	☐ EX ☐ DE
SOLAR ☐	Print Name _____	Signature _____	☐ Lic ☐ Liab
	Company Name: _____		☐ W/C
CC# N/A	License #: _____	Phone #: _____	☐ EX ☐ DE
STATE ☐	Print Name _____	Signature _____	☐ Lic
SPECIALTY	Company Name: _____		☐ Liab

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 UNDERLINED 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.

Trade	Details	Need
ELECTRICAL ☐ CC#_____	Print Name_____ Signature_____ *see attached* Company Name:_____ License #:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
MECHANICAL/ A/C ☐ CC#_____	Print Name_____ Signature_____ *see attached* Company Name:_____ License #:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
PLUMBING/ GAS-N/A. ☒ CC#_____	Print Name Brent Taylor mccall Signature Brt Company Name: Suwannee Valley Plumbing, LLC License #:CFC1432405 Phone #: 386-688-2690	Lic / Liab / W/C / EX / DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
SHEET METAL ☐ N/A CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
FIRE SYSTEM/ SPRINKLER ☐ CC# N/A	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
SOLAR ☐ CC# N/A	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic / Liab / W/C / EX / DE
STATE SPECIALTY ☐	Print Name_____ Signature_____ Company Name_____	Lic / Liab