

SUBCONTRACTOR VERIFICATION

Forest Country SD

APPLICATION/PERMIT # _____

JOB NAME

John & Heather Raulerson

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 <input type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u>[Signature]</u> Company Name: <u>RGT Electrical Contractors</u> CC# _____ License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	Need Lic Liab W/C EX DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> Company Name: <u>Epic A/C Service</u> CC# _____ License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need Lic Liab W/C EX DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature <u>[Signature]</u> Company Name: <u>Dependable Plumbing CO.</u> CC# _____ License #: <u>CFC057747</u> Phone #: <u>386-752-5218</u>	Need Lic Liab W/C EX DE
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> CC# _____ License #: <u>1328590</u> Phone #: <u>386-623-0128</u>	Need Lic Liab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE