

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Southern Rythem

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.

<b>ELECTRICAL</b>	Print Name: <u>Mark Matthews</u>	Signature: _____	Board
<input type="checkbox"/>	Company Name: <u>Matthews Electric</u>		LC
CC#	License #: <u>EC13005459</u>	Phone #: <u>386-344-2029</u>	LUB
			W/C
			EX
			DE
<b>MECHANICAL/A/C</b>	Print Name: <u>Hai Maranto</u>	Signature: _____	Board
<input type="checkbox"/>	Company Name: <u>Maranto Heating &amp; Air</u>		LC
CC#	License #: <u>CFC1814240</u>	Phone #: <u>386-752-2773</u>	LUB
			W/C
			EX
			DE
<b>PLUMBING/GAS</b>	Print Name: <u>Cody Barrs</u>	Signature: _____	Board
<input type="checkbox"/>	Company Name: <u>Barrs Plumbing</u>		LC
CC#	License #: <u>CFC1427145</u>	Phone #: <u>386-755-8856</u>	LUB
			W/C
			EX
			DE
<b>ROOFING</b>	Print Name: _____	Signature: _____	Board
<input type="checkbox"/>	Company Name: _____		LC
CC#	License #: _____	Phone #: _____	LUB
			W/C
			EX
			DE
<b>SHEET METAL</b>	Print Name: _____	Signature: _____	Board
<input type="checkbox"/>	Company Name: _____		LC
CC#	License #: _____	Phone #: _____	LUB
			W/C
			EX
			DE
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name: _____	Signature: _____	Board
<input type="checkbox"/>	Company Name: _____		LC
CC#	License #: _____	Phone #: _____	LUB
			W/C
			EX
			DE
<b>SOLAR</b>	Print Name: _____	Signature: _____	Board
<input type="checkbox"/>	Company Name: _____		LC
CC#	License #: _____	Phone #: _____	LUB
			W/C
			EX
			DE
<b>STATE SPECIALTY</b>	Print Name: _____	Signature: _____	Board
<input type="checkbox"/>	Company Name: _____		LC
CC#	License #: _____	Phone #: _____	LUB
			W/C
			EX
			DE

Ref: F.S. 440.109; ORD. 2016-30

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Southern Rythem

## 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.

<b>ELECTRICAL</b> <input type="checkbox"/> CC# _____	Print Name <u>Mark Matthews</u> Signature <u>[Signature]</u> Company Name: <u>Matthews Electric</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	<b>Need</b> <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"/> CC# _____	Print Name <u>Hal Maranto</u> Signature _____ Company Name: <u>Maranto Heating &amp; Air</u> License #: <u>CFC1814240</u> Phone #: <u>386-752-2773</u>	<b>Need</b> <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"/> CC# _____	Print Name <u>Cody Barrs</u> Signature _____ Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-755-8656</u>	<b>Need</b> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <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 Southern Rythem

**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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>Mark Matthews</u> Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name <u>Matthews Electric</u> License # <u>EC13005459</u> Phone # <u>386-344-2029</u>	
<b>MECHANICAL/ A/C</b> <input type="checkbox"/>	Print Name <u>Hal Maranto</u> Signature <u>Hal M. Maranto</u>	Need LIC LAB W/C EX DE
CC# _____	Company Name <u>Maranto REFRIGERATION/HVAC</u> License # <u>CFC1814240</u> Phone # <u>386-752-2773</u>	
<b>PLUMBING/ GAS</b> <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name <u>Barrs Plumbing</u> License # <u>CFC1427145</u> Phone # <u>386-755-8656</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need LIC LAB W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	