

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

47158

JOB NAME

Jonsen &amp; Smith, LLC

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 checked="" type="checkbox"/>	Print Name <b>Lyndon Rainbolt</b> Company Name: <b>Rainbolt Tech Services</b> License #: <b>EC13001835</b> Phone #: <b>386.755.5079</b>	DocuSigned by: <b>Lyndon Rainbolt</b> 42C02EED07414D8...	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 checked="" type="checkbox"/>	Print Name <b>Christopher Williams</b> Company Name: <b>Chris Williams DBA Country Comfort</b> License #: <b>CAC057795</b> Phone #: <b>386.752.5841</b>	DocuSigned by: <b>Chris Williams</b> 13D3A45E9ADE405...	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 checked="" type="checkbox"/>	Print Name <b>Daniel R. Mossburg</b> Company Name: <b>Live Oak Plumbing, Inc.</b> License #: <b>CFC1427438</b> Phone #: <b>386.362.1767</b>	DocuSigned by: <b>Daniel Mossburg</b> 8491DF45D3BA4FB...	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 checked="" type="checkbox"/>	Print Name <b>Benjamin Keeler</b> Company Name: <b>Keeler Roofing, LLC</b> License #: <b>CCC1330509</b> Phone #: <b>352.514.4930</b>	DocuSigned by: <b>Benjamin Keeler</b> 856A32D7A6EA450...	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE