

SUBCONTRACTOR VERIFICATION

W. Mosley
Virginia Bing
Dan Cannon, Jr

APPLICATION/PERMIT # _____

JOB NAMES _____

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 ☒	Print Name <u>Ryan C. Beville</u> Signature <u>Ryan Beville</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>RBT Electrical Contracting LLC</u> License #: <u>FC13004236</u> Phone #: <u>352-514-2428</u>	
MECHANICAL/ A/C ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>See attached</u> License #: _____ Phone #: _____	
PLUMBING/ GAS ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>See attached</u> License #: _____ Phone #: _____	
ROOFING ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>See Attached</u> License #: _____ Phone #: _____	
SHEET METAL ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
STATE ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab

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ELECTRICAL	Print Name _____	Signature _____	<u>Need</u>
☐	Company Name: <u>See attached</u>		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
MECHANICAL/	Print Name <u>Donald R. Davis</u>	Signature <u>Donald R. Davis</u>	<u>Need</u>
A/C ☒	Company Name: <u>High Springs Electric and Air, Inc</u>		☐ Lic
CC# _____	License #: <u>CAC1815367</u>	Phone #: <u>386-623-0499</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
PLUMBING/	Print Name _____	Signature _____	<u>Need</u>
GAS ☐	Company Name: <u>See attached</u>		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
ROOFING	Print Name <u>Wallace Powell</u>	Signature <u>Wallace Powell</u>	<u>Need</u>
☐	Company Name: <u>Powell & Son's Roofing, Inc.</u>		☐ Lic
CC# _____	License #: <u>CC C057307</u>	Phone #: <u>386-294-1755</u>	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SHEET METAL	Print Name _____	Signature _____	<u>Need</u>
☐	Company Name: _____		☐ Lic
CC# _____	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
FIRE SYSTEM/	Print Name _____	Signature _____	<u>Need</u>
SPRINKLER ☐	Company Name: _____		☐ Lic
CC# <u>NA</u>	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
SOLAR	Print Name _____	Signature _____	<u>Need</u>
☐	Company Name: _____		☐ Lic
CC# <u>NA</u>	License #: _____	Phone #: _____	☐ Liab
			☐ W/C
			☐ EX
			☐ DE
STATE	Print Name _____	Signature _____	<u>Need</u>
SPECIALTY ☐	Company Name: _____		☐ Lic
			☐ Liab

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ELECTRICAL ☐	Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Signature _____ <i>See attached</i>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Signature _____ <i>See attached</i>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS-NA ☒	Print Name <u>Brent Taylor McCall</u> Company Name: <u>Suwannee Valley Plumbing, LLC</u> CC# _____ License #: <u>CF1432405</u> Phone #: <u>386-688-2030</u>	Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Company Name: _____ CC# <u>NA</u> License #: _____ Phone #: _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Company Name: _____ CC# <u>NA</u> License #: _____ Phone #: _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE ☐	Print Name _____ Company Name: _____	Signature _____	Need ☐ Lic ☐ Liab