

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME RJH Construction

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>Lyndon Rainbolt</u> Signature <u>Lyndon Rainbolt</u>	Need Lic Liab W/C EX DE
CC# <u>000724</u>	Company Name: <u>Rainbolt Tech Services</u> License #: <u>EC13001835</u> Phone #: <u>386.867.1004</u>	
MECHANICAL/A/C ☐	Print Name <u>Tyler Carrozza</u> Signature <u>Tyler Carrozza</u>	Need Lic Liab W/C EX DE
CC# <u> </u>	Company Name: <u>Superior Air Conditioning & Refrigeration</u> License #: <u>CAC1820526</u> Phone #: <u>386.209.4579</u>	
PLUMBING/GAS ☐	Print Name <u>Cody Barrs</u> Signature <u>Cody Barrs</u>	Need Lic Liab W/C EX DE
CC# <u>000715</u>	Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386.623.0509</u>	
ROOFING ☐	Print Name <u>Tabitha Sibel</u> Signature <u>Tabitha Sibel</u>	Need Lic Liab W/C EX DE
CC# <u>002100</u>	Company Name: <u>RJH Construction</u> License #: <u>CCC1331967</u> Phone #: <u>954.444.7941</u>	
SHEET METAL ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	