

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____

JOB NAME _____

2023 Rose Pointe
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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 Beville</u> Signature <u>Ryan Beville</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>RBI</u> License #: <u>EC13004236</u> Phone #: <u>352 514 3882</u>	
MECHANICAL/ A/C ☒	Print Name <u>Stephen Brisbois</u> Signature <u>SB</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>EDC, AC</u> License #: <u>CAC 1819412</u> Phone #: <u>386 688-7707</u> <u>(386) 623-1409</u>	
PLUMBING/ GAS ☐	Print Name <u>Kenneth Ault</u> Signature <u>KA</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>K Ault</u> License #: <u>CFC1429807</u> Phone #: <u>386 497 3856</u>	
ROOFING ☐	Print Name <u>Ralph Lavender</u> Signature <u>RL</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>RWL Roofing</u> License #: <u>CCC1328590</u> Phone #: <u>386 623 0178</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 #: _____	