

APPLICANT/FORM #

46691

OR NAME

Maximum Real Estate LLC

IF FORM MUST BE SUBMITTED FOR A PERMIT WILL BE SUE

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.

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.

For website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

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<p>ELECTRICAL</p> <p>81112</p> <p>CCB</p>	<p>Print Name: Ryan Benille</p> <p>Signature: [Signature]</p> <p>Company Name: RBE Electrical Contractors LLC</p> <p>License #: EC 1300 4236</p> <p>Phone #: 352-339-0369</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>MECHANICAL</p> <p>AYC</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>PLUMBING</p> <p>CAS</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>ROOFING</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>PAINTING/</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>RESIDENTIAL</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>PAINTING</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p>PAINTING</p> <p>CCB</p>	<p>Print Name: _____</p> <p>Signature: _____</p> <p>Company Name: _____</p> <p>License #: _____</p> <p>Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Liab</p> <p><input type="checkbox"/> W/C</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 46691 JOB NAME Maximum Real Estate, LLC

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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.

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>Clinton Wilson</u> Company Name: <u>Wilson Heat & Air Inc.</u> CC# <u>802</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	<u>Need</u> - Lic - Liab - W/C - EX - DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> - Lic - Liab - W/C - EX - DE

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MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>James L Butler</u> Signature <u>James BL</u> Company Name: <u>Butler Plumbing of Gainesville Inc</u> CC# <u>429</u> License #: <u>CFC057960</u> Phone #: <u>352 472 3677</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Jeff Bokor</u> Signature <u>JMP Bokor</u> Company Name: <u>DWC Contracting LLC</u> License #: <u>CCC-1329756</u> Phone #: <u>352-3396387</u>	Need - Lic - Liab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
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