

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Rowley Residence

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 Benille</u> Signature <u>[Signature]</u> Company Name: <u>RBI Electrical</u> CC# <u>000811</u> License #: <u>EC13004236</u> Phone #: <u>352.514.0428</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name <u>Robert Bounds</u> Signature <u>[Signature]</u> Company Name: <u>Bounds A/C</u> CC# <u>100768</u> License #: <u>CAC057642</u> Phone #: <u>352.472.2761</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name <u>Paul Coleman</u> Signature <u>[Signature]</u> Company Name: <u>Coleman's Plumbing</u> CC# <u>000767</u> License #: <u>CFC1425624</u> Phone #: <u>352.472.4114</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>Ben Keeler</u> Signature <u>[Signature]</u> Company Name: <u>Keeler Roofing</u> CC# <u>000869</u> License #: <u>CCC1330509</u> Phone #: <u>352.514.8930</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE