

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

DWC Contracting

JOB NAME

Thornwood lot 18

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 Baurle</u>	Signature <u>Ryan Baurle</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>000811</u>	Company Name: <u>RBI Electric</u>	License #: <u>EC 13004236</u>	Phone #: <u>352-574-0428</u>
MECHANICAL/A/C ☐	Print Name <u>Sam Roberts</u>	Signature <u>Sam Roberts</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>001377</u>	Company Name: <u>Air Ducks Heating & A.C.</u>	License #: <u>CAC 1817288</u>	Phone #: <u>352-215-4624</u>
PLUMBING/GAS ☐	Print Name <u>James Butler</u>	Signature <u>James Butler</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>000428</u>	Company Name: <u>Butler Plumbing of Gainesville LLC</u>	License #: <u>CFC 057960</u>	Phone #: <u>352-472-3677</u>
ROOFING ☐	Print Name <u>Jeff Bokor</u>	Signature <u>Jeff Bokor</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>001270</u>	Company Name: <u>DWC Contracting LLC</u>	License #: <u>CC-1329756</u>	Phone #: <u>352-339-6387</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 #: _____