

**SUBCONTRACTOR VERIFICATION**APPLICATION/PERMIT # 53214 JOB NAME Mullins**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.

<b>ELECTRICAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name <u>Daniel Byrd</u> Signature _____ Company Name: <u>Byrd's Eye Roofing, Inc</u> License #: <u>CCC1332899</u> Phone #: <u>386-935-6559</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

# Digital Signature Verification Report

## Process and Intent Verification

The appFiles digital signature platform provides for two types of digital signatures each with their own type of authentication. The purpose of this report is to provide the parties of the documents listed below with the proof of intent and verification information collected at the time of digital signature.

The first type of digital signature is an in-person digital signature which is administered in the presence of personnel experienced with the collection of digital signatures. For this style of signature we record not only the required verification information consisting of the signature ID, device IP address and timestamp that the signature was collected but also the name of the experienced digital signature administrator who personally observed and explained the digital signature process to the client.

The second type of digital signature is a send-away digital signature. In this type of signature, the digital signature administrator prepares a set of documents to be sent and signed on the client's own computer or mobile device. During the process of preparing the package of documents, the administrator assigns a role to the client and places/activates the correct signature and initial locations on the document for that individual. A link is then generated and emailed that is unique to that individual that will begin the review and digital signature process.

Due to the nature of the send-away signatures being remotely administered, the signer, upon receiving and opening the link to the document package, must agree to the digital signature terms and conditions that indicate that they have read and reviewed the documents before signing and that they further agree that their digital signature will be as legally binding as a physical pen and paper signature. Once they have agreed to these terms and conditions, the signature request system will guide them through the process of reviewing each page of the document package before initialing or signing. For this type of digital signature, the verification information consisting of signature ID, device IP address and timestamp is collected as the signatures and initials are completed.

## Subcontractors Form

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### Contractor Signature (position 503, 410)

ID: KxhSuUfmrteAZgY2XMit



Name:

Daniel Byrd

Email Address:

daniel.byrdseye@gmail.com

Signed:

9/3/25 @ 1:59 PM

IP Address:

67.140.255.120