

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Kline

## 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>	Print Name <u>Ryan Hinote</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Nature Coast Electric</u>	
CC#	License #: <u>13011934</u> Phone #: <u>352-949-5396</u>	
<b>MECHANICAL/A/C</b>	Print Name <u>Robert Bounds</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Bounds Heating &amp; Air</u>	
CC#	License #: <u>CAC057642</u> Phone #: <u>(352) 472-2761</u>	
<b>PLUMBING/GAS</b>	Print Name <u>James Butler</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Butler Plumbing of Gainesville</u>	
CC#	License #: <u>CFC057960</u> Phone #: <u>(352) 472-3677</u>	
<b>ROOFING</b>	Print Name <u>Zach Brehm</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Brehm Roofing</u>	
CC#	License #: <u>CCC1334985</u> Phone #: <u>352-415-0017</u>	
<b>SHEET METAL</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
<b>SOLAR</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC#	License #: _____ Phone #: _____	

Ref: F.S. 440.103; ORD. 2016-30

