

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME RJH Construction

**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"/>	Print Name <u>Lyndon Rainbolt</u> Signature <u>Lyndon Rainbolt</u>	Need Lic Liab W/C EX DE
CC# <u>000724</u>	Company Name: <u>Rainbolt Tech Services</u> License #: <u>EC13001835</u> Phone #: <u>386.867.1004</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Tyler Carrozza</u> Signature <u>Tyler Carrozza</u>	Need Lic Liab W/C EX DE
CC# <u>          </u>	Company Name: <u>Superior Air Conditioning &amp; Refrigeration</u> License #: <u>CAC1820526</u> Phone #: <u>386.209.4579</u>	
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u>Cody Barrs</u>	Need Lic Liab W/C EX DE
CC# <u>000715</u>	Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386.623.0509</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Tabitha Sibel</u> Signature <u>Tabitha Sibel</u>	Need Lic Liab W/C EX DE
CC# <u>002100</u>	Company Name: <u>RJH Construction</u> License #: <u>CCC1331967</u> Phone #: <u>954.444.7941</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	