

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

46091

JOB NAME

The Preserve @ LL, Inc. Lot 31

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Phase 1.

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 <input checked="" type="checkbox"/>	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>811</u>	Company Name: <u>RBT ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Bryan Bounds</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>1371</u>	Company Name: <u>Bounds Heating & Cooling</u> License #: <u>CAC1815198</u> Phone #: <u>352-472-2761</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>623</u>	Company Name: <u>Express Plumbing</u> License #: <u>CFC1428040</u> Phone #: <u>386-8167-0269</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>DANA JOHNSON</u> Signature <u>[Signature]</u>	Need Uc Uab W/C EX DE
CC# <u>1129</u>	Company Name: <u>MAC Johnson Roofing</u> License #: <u>CCC1325497</u> Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Uab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	