

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Miller Residence

**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 checked="" type="checkbox"/>	Print Name <u>Ben Sparks</u> Signature <u>[Signature]</u> 44E01EA4CF28400...	Need - Lic - Liab - W/C - EX - DE
CC# <u>2148</u>	Company Name: <u>Line Electric</u> License #: <u>EC13009101</u> Phone #: <u>386-361-0046</u>	
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Stephan Brisbois</u> Signature <u>[Signature]</u> 44174C945404	Need - Lic - Liab - W/C - EX - DE
CC# <u>2090</u>	Company Name: <u>Epic AC</u> License #: <u>CAC1819412</u> Phone #: <u>386-588-7707</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Cody Barr</u> Signature <u>[Signature]</u> DC238A864FD04F0...	Need - Lic - Liab - W/C - EX - DE
CC# <u>0715</u>	Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# <u>0813</u>	Company Name: <u>RWL Roofing</u> License #: <u>CCC1328590</u> Phone <u>386-623-0178</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE