

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

47682

JOB NAME

HALL, Derrick

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.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Lyndon Rainbolt</u> Company Name: <u>Rainbolt Tech Services</u> License #: <u>EC13001835</u> Phone #: <u>386.755.5079</u>	DocuSigned by: <u>Lyndon Rainbolt</u> 42C02EED07414D8...	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input checked="" type="checkbox"/>	Print Name <u>Christopher Williams</u> Company Name: <u>Chris Williams DBA Country Comfort</u> License #: <u>CAC057795</u> Phone #: <u>386.752.5841</u>	DocuSigned by: <u>Chris Williams</u> 13DBA04F9A0E405... ED 12.31.20	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input checked="" type="checkbox"/>	Print Name <u>Daniel R. Mossburg</u> Company Name: <u>Live Oak Plumbing, Inc.</u> License #: <u>CFC1427438</u> Phone #: <u>386.362.1767</u>	DocuSigned by: <u>Daniel Mossburg</u> 8491DF45D8BA4FB...	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Benjamin Keeler</u> Company Name: <u>Keeler Roofing, LLC</u> License #: <u>CCC1330509</u> Phone #: <u>352.514.4930</u>	DocuSigned by: <u>Benjamin Keeler</u> 856A32D7A6EA450...	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____		Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Company Name: _____ License #: _____ Phone #: _____	<u>63</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE