

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____

JOB NAME _____

Marcus & Candace
Johnson

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	Print Name <u>Ryan Beville</u>	Signature <u>Ryan Beville</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>RB1</u>		
CC# _____	License #: <u>EC13004236</u>	Phone #: <u>352 514 3882</u>	
MECHANICAL/	Print Name <u>Stephen Brisbois</u>	Signature <u>SB</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
A/C <input checked="" type="checkbox"/>	Company Name: <u>EDIC, AC</u>	<u>386 688-7707</u>	
CC# _____	License #: <u>CAC 1819412</u>	Phone #: <u>(386) 623 - 1409</u>	
PLUMBING/	Print Name <u>Kenneth Ault</u>	Signature <u>KA</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
GAS	Company Name: <u>K Ault</u>		
CC# _____	License #: <u>CFC 1429807</u>	Phone #: <u>386 497 3854</u>	
ROOFING	Print Name <u>Ralph Lavendure</u>	Signature <u>RL</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	Company Name: <u>RWL Roofing</u>		
CC# _____	License #: <u>CCC 1328590</u>	Phone #: <u>386 423 0178</u>	
SHEET METAL	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
	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/	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
SPRINKLER <input checked="" type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
SOLAR	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
	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
STATE	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
SPECIALTY	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	