

SUBCONTRACTOR VERIFICATION

W/11/14 mosley
Virginia Bing
Dan Cannon, Jr.

APPLICATION/PERMIT # _____

JOB NAMES _____

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 C 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
<input checked="" type="checkbox"/>		Company Name: <u>RBI Electrical contracting Inc</u>		
CC#		License #: <u>FC13004236</u>	Phone #: <u>352-514-0428</u>	
MECHANICAL/		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
<input type="checkbox"/>		Company Name: <u>General Tech</u>		
CC#		License #: _____	Phone #: _____	
PLUMBING/		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
<input type="checkbox"/>		Company Name: <u>see attached</u>		
CC#		License #: _____	Phone #: _____	
ROOFING		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
<input type="checkbox"/>		Company Name: <u>see attached</u>		
CC#		License #: _____	Phone #: _____	
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
<input type="checkbox"/>		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
<input type="checkbox"/>		Company Name: _____		
CC# <u>W/A</u>		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
<input type="checkbox"/>		Company Name: _____		
CC# <u>W/A</u>		License #: _____	Phone #: _____	
STATE		Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab
<input type="checkbox"/>				
FREIGHT				

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ELECTRICAL <input type="checkbox"/>	Print Name <i>See Attached</i> _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	<i>Donald R. Davis</i> <i>Donald R. Davis</i>
MECHANICAL/ <input checked="" type="checkbox"/> A/C	Print Name <i>Donald R. Davis</i> _____ Signature _____ Company Name: <i>High Springs Electric and Air, Inc.</i> _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <i>CAC 1815367</i> _____ Phone #: <i>386-623-0499</i> _____	<i>Donald R. Davis</i>
PLUMBING/ <input type="checkbox"/> GAS	Print Name _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <i>See Attached</i> _____ Phone #: _____	<i>Wallace Powell</i> <i>Wallace Powell</i>
ROOFING <input type="checkbox"/>	Print Name <i>Wallace Powell</i> _____ Signature <i>Wallace Powell</i> _____ Company Name: <i>Powell & Son's Roofing, Inc.</i> _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: <i>CC 057307</i> _____ Phone #: <i>386-294-1755</i> _____	<i>Wallace Powell</i>
SHEET METAL <input type="checkbox"/> NK	Print Name _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	<i>Wallace Powell</i>
FIRE SYSTEM/ <input type="checkbox"/>	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 type="checkbox"/> CC# N/A	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"/> CC# N/A	Print Name _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE <input type="checkbox"/> GENERAL	Print Name _____ Signature _____ Comments: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab

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ELECTRICAL		Print Name _____ <i>See attached</i> Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# <input type="checkbox"/>		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
License #: _____		Phone #: _____	Need - Lic - Liab - W/C - EX - DE
MECHANICAL/ A/C <input type="checkbox"/>		Print Name _____ <i>See attached</i> Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
License #: _____		Phone #: _____	Need - Lic - Liab - W/C - EX - DE
PLUMBING/ GAS-FR. <input checked="" type="checkbox"/>		Print Name <u>Brent Taylor mccall</u> _____ Signature <u>BWT</u> Company Name: <u>Sunwahnee Valley Plumbing, LLC</u> _____	Need - Lic - Liab - W/C - EX - DE
CC# _____		License #: <u>CFC1432405</u> _____ Phone #: <u>386-688-2630</u> _____	Need - Lic - Liab - W/C - EX - DE
ROOFING <input type="checkbox"/>		Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
License #: _____		Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>		Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# <input checked="" type="checkbox"/>		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
License #: _____		Phone #: _____	Need - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/ <input type="checkbox"/>		Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
SPRINKLER <input type="checkbox"/>		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
CC# <input checked="" type="checkbox"/>		License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SOLAR <input type="checkbox"/>		Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# <input checked="" type="checkbox"/>		Company Name: _____	Need - Lic - Liab - W/C - EX - DE
License #: _____ Phone #: _____		Signature _____	Need - Lic - Liab - W/C - EX - DE
STATE <input type="checkbox"/>		Print Name _____ Signature _____	Need - Lic - Liab
SPECIALTY <input type="checkbox"/>		Company Name: _____	