

# SUBCONTRACTOR VERIFICATION

W. 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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Ryan C. Beville</u> Signature <u>Ryan Beville</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>RBT Electrical Contracting LLC</u> License #: <u>FC13004236</u> Phone #: <u>352-514-2428</u>	
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>See attached</u> License #: _____ Phone #: _____	
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>See attached</u> License #: _____ Phone #: _____	
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>See Attached</u> License #: _____ Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>NA</u>	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab

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<b>ELECTRICAL</b>	Print Name _____	Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: <u>See attached</u>		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>MECHANICAL/</b>	Print Name <u>Donald R. Davis</u>	Signature <u>Donald R. Davis</u>	<u>Need</u>
<b>A/C</b> <input checked="" type="checkbox"/>	Company Name: <u>High Springs Electric and Air, Inc</u>		<input type="checkbox"/> Lic
CC# _____	License #: <u>CAC1815367</u>	Phone #: <u>386-623-0499</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name _____	Signature _____	<u>Need</u>
<b>GAS</b> <input type="checkbox"/>	Company Name: <u>See attached</u>		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name <u>Wallace Powell</u>	Signature <u>Wallace Powell</u>	<u>Need</u>
<input type="checkbox"/>	Company Name: <u>Powell &amp; Son's Roofing, Inc.</u>		<input type="checkbox"/> Lic
CC# _____	License #: <u>CC C057307</u>	Phone #: <u>386-294-1755</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____	Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>FIRE SYSTEM/</b>	Print Name _____	Signature _____	<u>Need</u>
<b>SPRINKLER</b> <input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# <u>NA</u>	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____	Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# <u>NA</u>	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>STATE</b>	Print Name _____	Signature _____	<u>Need</u>
<b>SPECIALTY</b> <input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
			<input type="checkbox"/> Liab

## SUBCONTRACTOR VERIFICATION

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

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<b>ELECTRICAL</b>	Print Name _____	Signature _____	<b>Need</b>	<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 #: _____						
<b>MECHANICAL/A/C</b>	Print Name _____	Signature _____	<b>Need</b>	<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 #: _____						
<b>PLUMBING/GAS-NA</b>	Print Name <u>Brent Taylor McCall</u>	Signature <u>[Signature]</u>	<b>Need</b>	<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>Suwannee Valley Plumbing, LLC</u>							
CC# _____	License #: <u>CFC1432405</u>	Phone #: <u>386-688-2030</u>						
<b>ROOFING</b>	Print Name _____	Signature _____	<b>Need</b>	<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 #: _____						
<b>SHEET METAL</b>	Print Name _____	Signature _____	<b>Need</b>	<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 #: _____						
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____	Signature _____	<b>Need</b>	<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>NA</u>	License #: _____	Phone #: _____						
<b>SOLAR</b>	Print Name _____	Signature _____	<b>Need</b>	<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>NA</u>	License #: _____	Phone #: _____						
<b>STATE</b>	Print Name _____	Signature _____	<b>Need</b>	<input type="checkbox"/> Lic	<input type="checkbox"/> Liab			
<b>SPECIALTY</b>	Company Name: _____							