

# SUBCONTRACTOR VERIFICATION

(65)

APPLICATION/PERMIT # 46291 JOB NAME JOHNS

**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>Lynn Rainbolt</u> Signature <u>[Signature]</u> Company Name: <u>RAINBOLT TECH SERVICES</u> CC# <u>722</u> License #: <u>EC13001833</u> Phone #: <u>386-867-1004</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
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Ron Durham</u> Signature <u>[Signature]</u> Company Name: <u>ADVANTAGE AIR</u> CC# <u>1611</u> License #: <u>CAC 1815074</u> Phone #: <u>386-205-6131</u>	<b>Need</b> <input type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Mark Garske</u> Signature <u>[Signature]</u> Company Name: <u>EXPRESS Plumbing</u> CC# <u>623</u> License #: <u>CFC 1428040</u> Phone #: <u>386-623-0269</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
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>David Sique</u> Signature <u>[Signature]</u> Company Name: <u>SINGLE CONSTRUCTION LLC</u> CC# <u>529</u> License #: <u>CCG 1516165</u> Phone #: <u>386-867-0294</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE