

SUBCONTRACTOR VERIFICATION

RJH Projects Residence

APPLICATION/PERMIT # _____

JOB NAME _____

THIS FORM MUST BE SUBMITTED BE

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.

		Digitally signed by Robert Lynch Date: 2023.05.03 10:16:25 -04'00	
ELECTRICAL	<input type="checkbox"/>	Print Name <u>Robert Lynch</u>	Signature <u>561-935-8450</u>
CC# _____	<input type="checkbox"/>	Company Name: <u>Third Day Electric</u>	Phone #: <u>561.935.8450</u>
License #: <u>EC13001947</u>			
MECHANICAL/	<input type="checkbox"/>	Print Name <u>Tim Shatto</u>	Signature <u>Timothy D. Shatto</u>
A/C	<input type="checkbox"/>	Company Name: <u>Shatto Heating & Air</u>	
CC# _____	<input type="checkbox"/>	License #: <u>CAC057875</u>	Phone #: <u>386.496.8224</u>
PLUMBING/	<input type="checkbox"/>	Print Name <u>Cody Barrs</u>	Signature <u>Cody Barrs</u>
GAS	<input type="checkbox"/>	Company Name: <u>Barrs Plumbing</u>	
CC# _____	<input type="checkbox"/>	License #: <u>CFC1427145</u>	Phone #: <u>386.752.8656</u>
ROOFING	<input type="checkbox"/>	Print Name <u>Tabitha Sibel</u>	Signature <u>Tabitha Sibel</u>
CC# _____	<input type="checkbox"/>	Company Name: <u>RJH Construction</u>	
	<input type="checkbox"/>	License #: <u>CCC1331967</u>	Phone #: <u>954.444.7941</u>
SHEET METAL	<input type="checkbox"/>	Print Name _____	Signature _____
CC# _____	<input type="checkbox"/>	Company Name: <u>N/A</u>	
	<input type="checkbox"/>	License #: _____	Phone #: _____
FIRE SYSTEM/	<input type="checkbox"/>	Print Name _____	Signature _____
SPRINKLER	<input type="checkbox"/>	Company Name: <u>N/A</u>	
CC# _____	<input type="checkbox"/>	License #: _____	Phone #: _____
SOLAR	<input type="checkbox"/>	Print Name _____	Signature _____
CC# _____	<input type="checkbox"/>	Company Name: <u>N/A</u>	
	<input type="checkbox"/>	License #: _____	Phone #: _____
STATE	<input type="checkbox"/>	Print Name _____	Signature _____
SPECIALTY	<input type="checkbox"/>	Company Name: <u>N/A</u>	
CC# _____	<input type="checkbox"/>	License #: _____	Phone #: _____