

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Morris Residence

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

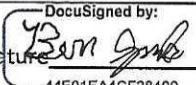
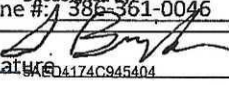
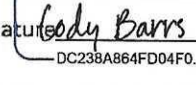
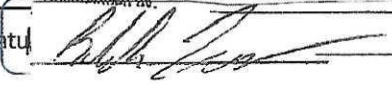
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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 <input type="checkbox"/>	Print Name <u>Ben Sparks</u> Signature <u></u> 44E01EA4CF28400...	<u>Need</u> Lic Liab W/C EX DE
CC# <u>2148</u>	Company Name: <u>Line Electric</u> License #: <u>EC13009101</u> Phone #: <u>386-361-0046</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Stephan Brisbois</u> Signature <u></u> 4174C945404	<u>Need</u> Lic Liab W/C EX DE
CC# <u>2090</u>	Company Name: <u>Epic AC</u> License #: <u>CAC1819412</u> Phone #: <u>386-688-7707</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Cody Barr</u> Signature <u></u> DC238A864FD04F0...	<u>Need</u> Lic Liab W/C EX DE
CC# <u>0715</u>	Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u></u>	<u>Need</u> Lic Liab W/C EX DE
CC# <u>0813</u>	Company Name: <u>RWL Roofing</u> License #: <u>CCC1328590</u> Phone <u>386-623-0178</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	<u>Need</u> Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	