

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

48719

JOB NAME

Floyd Detached Garage

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 type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: <u>RBI Electrical Contracting LLC</u>	
	License #: <u>EC13004236</u> Phone #: <u>(352) 514-3882</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Robert Bounds</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: <u>Bounds Heating &amp; Air</u>	
	License #: <u>CAC057642</u> Phone #: <u>(352) 472-2761</u>	
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>James Butler</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: <u>Butler Plumbing of Gainesville</u>	
	License #: <u>CFC057960</u> Phone #: <u>(352) 472-3677</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>David Pabst</u> Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: <u>Whittle Roofing Company</u>	
	License #: <u>CCC1326372</u> Phone #: <u>(352) 472-2410</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: _____	
	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: _____	
	License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: _____	
	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# <input type="checkbox"/>	Company Name: _____	
	License #: _____ Phone #: _____	