#### SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT#	JOB NAME	COUIN	BULOCH	HOME	

### 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 <u>REQUIRED</u> 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

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Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name FG/Knor Electric Signature 1872	<u>Need</u> □ Lic □ Liab
	Company Name: Felknor Electric Ryan Felknor	□ w/c
CC#	License #: <u>Ec13003153</u> Phone #: 352-318-8796	□ EX □ DE
MECHANICAL/	Print Name Signature	Need
	#	□ Uc □ Liab
A/C	Company Name: Epic AC	□ w/c
CC#	License #:Phone #:	□ EX
PLUMBING/	Print Name A a rous PlumbingSignature	<u>Need</u> □ Lic
GAS	Company Name:	□ Liab
GA3		□ W/C
CC#	License #:Phone #:	□ DE
ROOFING	Print Name RALPH LAVERBURE Signature	Need  Lic
		☐ Liab
	Company Name:	□ w/c
CC#	License #:Phone #:	□ EX
SHEET METAL	Print NameSignature	<u>Need</u> □ Lic
	Company Name:	☐ Liab ☐ W/C
		□ EX
CC#	License #: Phone #:	☐ DE
FIRE SYSTEM/	Print NameSignature	<u>Need</u> □ Lic
SPRINKLER	Company Name:	□ Liab
J. MIRKLER		□ w/c
CC#	License#:Phone #:	□ DE
SOLAR	Print NameSignature	Need D Lic
	Company Name:	□ Liab □ W/C
		□ EX
CC#	License #: Phone #:	□ DE
STATE [	Print Name Signature	<u>Need</u> □ Lic
STATE	Print NameSignature	□ Liab
SPECIALTY	Company Name:	□ w/c
CC#	License #: Phone #:	□ DE

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT#	JOB NAME	COUIN	BULOCH	HOME

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ELECTRICAL	Print Name FOITHON Electrical gnature	Need Lic
	Company Name:	□ Liab □ W/C
CC#	License #: Phone #:	□ EX
		☐ DE Need
MECHANICAL/	Print Name Signature	□ Uc
2 10	Company Name: Epic AC	□ Liab
A/C	Company Name: Paro 700	= w/c
CC#	License #:Phone #:	□ EX □ DE
	A a seed Planting	Need
PLUMBING/	Print Name A O TONS I [ MV M Signature	. □ Lic
GAS	Company Name:	□ Liab
GA3	Company wante.	□ W/C
CC#	License #: Phone #:	I DE
	24.00 14/-00 05	Need
ROOFING	Print Name RALPH LAVERBURE Signature	□ Lic
	Company Name: RWL Roofing LLC	□ Liab
	/ / / / / / / / / / / / / / / / / / / /	□ W/C
CC#	License #: CCC 132 8590 Phone #: 386-623-0128	□ EX □ DE
		Need
SHEET METAL	Print NameSignature	□ Lic
	A DESCRIPTION AND ADMINISTRATION OF A CONTRACT OF A CONTRA	□ Liab
	Company Name:	□ w/c
CC#	License #:Phone #:	□ EX □ DE
		Need
FIRE SYSTEM/	Print NameSignature	□ Lic
SPRINKLER	Company Nomes	二 Liab
SPRINKLEK	Company Name:	□ w/c
CC#	License#: Phone #:	□ DE
	1990	Need
SOLAR	Print NameSignature	□ Lic
[ Indiana ]		□ Liab
	Company Name:	□ w/c
CC#	License #: Phone #:	□ EX □ DE
		Need
STATE	Print Name Signature	□ Lic
JINIL L	111111111111111111111111111111111111111	□ Liab
SPECIALTY	Company Name:	□ W/C
CC#	License #: Phone #:	C DE
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#### SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT#	JOB NAME	COUZN	BULOCH	HOME	
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ELECTRICAL	Print Name FOITHON Electric Signature	<u>Need</u> □ Lic
green and a second	Company Name:	☐ Liab ☐ W/C
CC#	License #: Phone #:	□ EX
MECHANICAL/	Print Name Stephen Brisbois Signature	Need
A/C	Company Name: Epic AC	☐ Liab — ☐ W/C
CC#	License #: CAC1819412 Phone #: 386 623 1609	□ EX
PLUMBING/	Print Name A a rons Plumbingsignature	Need □ Lic
GAS	Company Name:	□ Līab
		□ W/C
CC#	License #:Phone #:	— □ DE
ROOFING	Print Name RALPH LAVERBURE Signature	Need   Lic
	Company Name:	□ Liab
		— □ W/C □ EX
CC#	License #:Phone #:	DE
SHEET METAL	Print NameSignature	<u>Need</u> □ Lic
	Company Name:	□ Liab
CC#	License #:Phone #:	— □ W/C □ EX — □ DE
FIRE SYSTEM/	Print NameSignature	Need □ Lic
SPRINKLER	Company Name:	□ Liab □ W/C
CC#	License#: Phone #:	□ EX □ DE
SOLAR	Print NameSignature	Need
	Company Name:	□ Liab
CC#	License #: Phone #:	
		Need
STATE	Print NameSignature	□ Lic □ Liab
SPECIALTY	Company Name:	5 w/c
CC#	License #: Phone #:	□ EX
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# JUDGUITINACIUN VERIFICATION

APPLICATION/PERMIT #	JOB NAME	COUZN	BULDEN	HOME	
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	3	
ELECTRICAL	Print Name FO/KNON Electric Signature	Need Lic
- Annual Control	Company Name:	☐ Liab
		□ w/c □ ex
CC#	License #: Phone #:	□ DE
MECHANICAL/	Print NameSignature	Need
A/C	Company Name: Epic AC	□ Liab
		. □ w/c □ ex
CC#	License #: Phone #:	□ DE
PLUMBING/	Print Name A a rous Plumbing Signature Countlahouson	Need
GAS	Company Name: Laron Mohanson	□ Lfab □ W/C
CC#	License #: CFC 14 2626 Phone #: 356-365-1667	□ EX □ DE
ROOFING	Print Name RALPH LAVERBURE Signature	Need
		□ Lic □ Liab
	Company Name:	I W/C
CC#	License #:Phone #:	□ EX
SHEET METAL	Print NameSignature	<u>Need</u>
	Company Name:	□ Uab □ W/C
CC#	license #:Phone #:	I EX
FIRE SYSTEM/	Print NameSignature	Need
SPRINKLER	Company Name:	□ Liab □ W/c
CC#	License#:Phone #:	⊒ EX ⊒ DE
SOLAR	Print Name Signature	Need
	Company Name:	I Liab
		□ EX
CC#	License #:Phone #:	_ DE
STATE	Print NameSignature	<u>Need</u> □ Lic
SPECIALTY	Company Name:	□ Liab □ W/C
CC#	License #: Phone #:	C EX

Ref: F.S. 440.103; ORD. 2016-30