## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # JOB NAME SPAYKS CONSTRUCTION	, Senn Residence
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## THIS FORM MUST BE SUBMITTED BEFORE A PERMITWILL 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

**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	Print Name Ben Graves Signature Brown	Need
	Company Name: Bark Plumbing Line Electric	_ Liab _ W/C
cc#2148	License #: EC13009101 Phone #: 786.761.0046	□ EX
MECHANICAL/	Print Nam Gtephen Brigoic Signature State	Need
A/C	Company Name: Epic Ac	□ Liab □ W/C
cc#_2090	License #: CAC1819412 Phone #: 386.498,7707	C EX
PLUMBING/	Print Name Bay Play Dody Bays Signature Colly Jahr	Need Lic
GAS	Company Name: Bars Plumbing + Gas	□ Liab □ W/C
cc#0715	License #: CFC 1427 145 Phone #: 162.8656	□ EX
ROOFING	Print Name_Ralph Laverdure Signature and J	Need
	Company Name: RWL Roofing, LLC	□ Liab
cc# <u>0813</u>	License #: CCC 1728590 Phone #: 786.755.6439	□ W/c
SHEET METAL	Del-4 No.	T DE Need
SHEET MIETAL	Print NameSignature	Control of the contro
	Company Name:Signature	□ Uc □ Uab
CC#	Company Name:	Uc Uab W/c EX
	Company Name:	Uc Uab W/c EX DE
CC#	Company Name: Phone #:	Uc Uab W/C EX DE Need Lic Uab
CC#	Company Name: Phone #:  Print Name Signature  Company Name:	Lic Liab Lic DE Need Lic Liab W/C EX EX DE Need EX Lic Liab EX EX
CC#  FIRE SYSTEM/ SPRINKLER	Company Name:	Lic Liab Lic Lic Lic Lic W/C Lic Lic Lic Lic Lic Lic Liab Lic
CC#  FIRE SYSTEM/ SPRINKLER  CC#	Company Name:	Uc Uab W/C EX DE Need Uiab W/C EX C EX
CC#  FIRE SYSTEM/ SPRINKLER  CC#	Company Name:	Lic Liab Lic
CC#  FIRE SYSTEM/ SPRINKLER  CC#  SOLAR  CC#	Company Name:  License #: Phone #:  Print Name Signature  Company Name:  License#: Phone #:  Print Name_ Signature  Company Name: Signature  License #: Phone #:	Uc   Uab
CC#  FIRE SYSTEM/ SPRINKLER  CC#  SOLAR	Company Name:	Lic Liab Lic Liab Lic Liab Lic
CC#  FIRE SYSTEM/ SPRINKLER  CC#  SOLAR  CC#	Company Name:  License #: Phone #:  Print Name Signature  Company Name:  License#: Phone #:  Print Name_ Signature  Company Name: Signature  License #: Phone #:	Lic Liab Lic Lic Liab Lic
CC#  FIRE SYSTEM/ SPRINKLER  CC#  SOLAR  CC#  STATE	Company Name:	Lic Lic Lic Lic Lic EX DE Need Lic EX DE Need Lic Lic EX DE Need Lic EX DE Need Lic Lic EX DE Need Lic Lic EX DE Need Lic Lic Lic EX DE Need Lic

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