SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Willie Mosley Virginia Ring Dan Cannon, Jr

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.

			Need
ELECTRICAL	Print Name Ryan C Beville	Signature Ryan C Beville	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☒	Company Name: RBT Electrical contracting LLC		
CC# _____	License #: EC13004236	Phone #: 352-514-0428	
MECHANICAL/	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
A/C ☐	Company Name: See attached		
CC# _____	License #: _____	Phone #: _____	
PLUMBING/	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
GAS ☐	Company Name: See attached		
CC# _____	License #: _____	Phone #: _____	
ROOFING	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: See Attached		
CC# _____	License #: _____	Phone #: _____	
SHEET METAL	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
N/A ☐	Company Name:		
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SPRINKLER ☐	Company Name:		
CC# N/A	License#: _____	Phone #: _____	
SOLAR	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name:		
CC# N/A	License #: _____	Phone #: _____	
STATE ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab
SPECIALTY	Company Name:		

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			Need
ELECTRICAL ☐	Print Name See attached	Signature	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC#	Company Name:		
	License #:	Phone #:	
MECHANICAL/	Print Name Donald R. Davis	Signature	Need
A/C ☒	Company Name: High Springs Electric and Air, Inc		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC#	License #: CAC1815367	Phone #: 386-623-0499	
PLUMBING/	Print Name	Signature	Need
GAS ☐	Company Name: See attached		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC#	License #:	Phone #:	
ROOFING ☐	Print Name Wallace Powell	Signature Wallace Powell	Need
	Company Name: Powell & Son's Roofing, Inc.		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC#	License #: CCC057307	Phone #: 386-294-1755	
SHEET METAL ☐	Print Name	Signature	Need
N/A	Company Name:		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC#	License #:	Phone #:	
FIRE SYSTEM/	Print Name	Signature	Need
SPRINKLER ☐	Company Name:		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# N/A	License#:	Phone #:	
SOLAR ☐	Print Name	Signature	Need
	Company Name:		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# N/A	License #:	Phone #:	
STATE ☐	Print Name	Signature	Need
SPECIALTY	Company Name:		☐ Lic ☐ Liab

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			Need
ELECTRICAL ☐ CC# _____	Print Name _____ Signature Included		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
MECHANICAL/ A/C ☐ CC# _____	Print Name _____ Signature Included		☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
PLUMBING/ GAS-NA. ☒ CC# _____	Print Name Brent Taylor mccall	Signature	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Suwannee Valley Plumbing, LLC		
	License #: CFC1432405	Phone #: 386-688-2030	
ROOFING ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
SHEET METAL N/A ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐ CC# N/A	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License#: _____	Phone #: _____	
SOLAR ☐ CC# N/A	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
STATE ☐ SPECIALTY	Print Name _____	Signature _____	☐ Lic ☐ Liab
	Company Name: _____		