

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____ CARC _____

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 ☐	Print Name <u>RYAN FELXNOR</u> Signature <u>Ryan Felx</u> Company Name: <u>FELXNOR ELECTRIC, INC</u> CC# <u>1057</u> License #: <u>EC13003/53</u> Phone #: <u>352-318-8797</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name <u>Clinton Wilson</u> Signature <u>Clint Wilson</u> Company Name: <u>Wilson Heat & A/C</u> CC# <u>802</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name <u>COOY BARRS</u> Signature <u>Cooy Barrs</u> Company Name: <u>BARRS Plumbing INC</u> CC# <u>715</u> License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>KEVIN BEDENBANCIA</u> Signature <u>KEVIN</u> Company Name: <u>Plumb Level Construction</u> CC# <u>1056</u> License #: <u>CCC1329482</u> Phone #: <u>386-365-5264</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE