

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Senter

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 Beville</u>	Signature <u>Ryan Beville</u>	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: <u>RBI Electric</u>		
CC# _____	License #: <u>EC1300-4236</u>	Phone #: <u>352-574-3892</u>	
MECHANICAL/A/C	Print Name <u>Robert Bounds</u>	Signature <u>Robert Bounds</u>	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: <u>Bounds Heating and Air</u>		
CC# _____	License #: <u>CA-1057642</u>	Phone #: <u>352-472-2761</u>	
PLUMBING/GAS	Print Name <u>Wayne Hodge</u>	Signature <u>Wayne Hodge</u>	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: <u>Hodge Plumbing</u>		
CC# _____	License #: <u>CFC 1426382</u>	Phone #: <u>352-538-9647</u>	
ROOFING	Print Name <u>Dana Johnson</u>	Signature <u>Dana Johnson</u>	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: <u>Mac Johnson Roofing</u>		
CC# _____	License #: <u>CCC1325497</u>	Phone #: <u>352-472-4943</u>	
SHEET METAL	Print Name _____	Signature _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
SOLAR	Print Name _____	Signature _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
STATE SPECIALTY	Print Name _____	Signature _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Uc</div> <div style="border: 1px solid black; padding: 2px;">Uab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
<input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	