

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 44285 JOB NAME Short

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

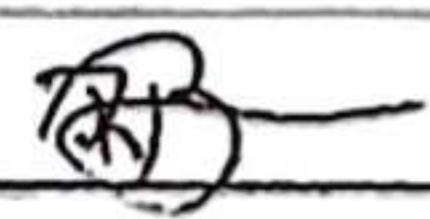
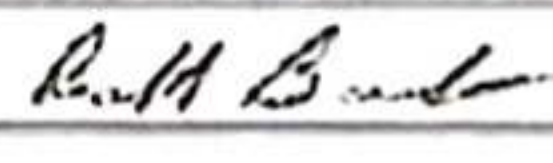
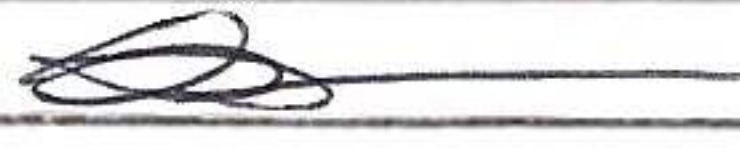
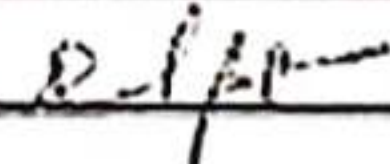
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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 ☐ CCH# _____	Print Name <u>Ryan Beville</u> Signature <u></u> Company Name: <u>RBI Electrical Contracting LLC</u> License #: <u>EC13004236</u> Phone #: <u>(352) 514-3882</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CCH# _____	Print Name <u>Robert Bounds</u> Signature <u></u> Company Name: <u>Bounds Heating & Air</u> License #: <u>CAC057642</u> Phone #: <u>(352) 472-2761</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CCH# _____	Print Name <u>Cody Barrs</u> Signature <u></u> Company Name: <u>Barrs Plumbing, Inc.</u> License #: <u>CFC1427145</u> Phone #: <u>(386)623-0509</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CCH# _____	Print Name <u>David Pabst</u> Signature <u></u> Company Name: <u>Whittle Roofing Company</u> License #: <u>CCC1326372</u> Phone #: <u>(352) 472-2410</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE