SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

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 ☐ CC# _____	Print Name Ryan Beville Signature Ryan Beville Company Name RBT Electrical contracting License # EC 130 4236 Phone # 352 514 0428	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
MECHANICAL/ A/C ☐ CC# _____	Print Name David Hall Signature DHall Company Name David Hills Inc License # CaCC 574241 Phone # (386)755-9792	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
PLUMBING/ GAS ☐ CC# _____	Print Name Aaron W Ragon Signature Aaron W Ragon Company Name Aaron's Plumbing License # CFC1426264 Phone # 386-365-1667	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
ROOFING ☐ CC# _____	Print Name DANIEL BYRD Signature Daniel Byrd Company Name BYRD'S EVE ROOFING License # CCC1332899 Phone # 386-935-6559	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License# _____ Phone # _____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ OE

Ref: F S 440 103, ORD. 2016-30