

# 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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u>	Need Uc Liab W/C EX DE
CC# <u>811</u>	Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Bryan Bonds</u> Signature <u>[Signature]</u>	Need Uc Liab W/C EX DE
CC# <u>1217</u>	Company Name: <u>Bonds Heating &amp; Cooling</u> License #: <u>CAC1815198</u> Phone #: <u>352-470-2761</u>	
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u>	Need Uc Liab W/C EX DE
CC# <u>1023</u>	Company Name: <u>Express Plumbing</u> License #: <u>EC1428046</u> Phone #: <u>386-867-0269</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Mark Johnson</u> Signature <u>[Signature]</u>	Need Uc Liab W/C EX DE
CC# <u>1129</u>	Company Name: <u>Mac Johnson Roofing</u> License #: <u>CC13051477</u> Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	Need Uc Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

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.

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.

Violations will result in stop work orders and/or fines.			Need
ELECTRICAL =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
MECHANICAL/ A/C <input checked="" type="checkbox"/> =	Print Name <u>Stephen Brisbois</u> Company Name: <u>Epic A/C Service</u> License #: <u>CAC 1819412</u> CC# _____	Signature <u>[Signature]</u> Phone #: <u>386-623-1609</u>	Lic Liab W/C EX DE
PLUMBING/ GAS =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
ROOFING =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
SHEET METAL =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
SOLAR =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE
STATE SPECIALTY =	Print Name _____ Company Name: _____ License #: _____ CC# _____	Signature _____ Phone #: _____	Lic Liab W/C EX DE

## SUBCONTRACTOR VERIFICATION

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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>Billy Rathel</u> Signature <u>B. Rathel</u> Company Name: <u>Five Star Plumbing Big Bend Inc</u> License #: <u>CFC1427547</u> Phone #: <u>850/590/2957</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

# 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.

<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b>  <input type="checkbox"/>	Print Name <u>Ralph Lavender</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> License #: <u>1328590</u> Phone #: <u>386-623-0178</u>	<b>Need</b> <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE