

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

169 SW Pinehurst Dr. Lake City  
32204

**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>        | Print Name <u>Ben Sparks</u>                      | Signature <u>Ben Sparks</u><br><small>Verified by PDFfiller 10/7/16/2021</small> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: <u>Line Electric Company</u>        |  |   |
| CC# _____                | License #: <u>EC13009101</u>                      | Phone #: <u>386-361-0046</u>   |   |
| <b>MECHANICAL/</b>       | Print Name <u>Stephen Brisbois</u>                | Signature <u>[Signature]</u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>A/C</b>               | Company Name: <u>Central Home Heating and Air</u> | dba Epic AC Service  |   |
| CC# _____                | License #: <u>CAC1819412</u>                      | Phone #: <u>386-623-6028</u>   |   |
| <b>PLUMBING/</b>         | Print Name <u>Daniel R. Mossburg</u>              | Signature <u>Daniel R. Mossburg</u>  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>GAS</b>               | Company Name: <u>Live Oak Plumbing Inc</u>        |  |   |
| CC# _____                | License #: <u>CFC1427438</u>                      | Phone #: <u>386-362-1767</u>   |   |
| <b>ROOFING</b>           | Print Name <u>Ralph Laverdure</u>                 | Signature <u>[Signature]</u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: <u>RWL Roofing LLC</u>              |  |   |
| CC# _____                | License #: <u>CCC1328590</u>                      | Phone #: <u>386-623-0128</u>   |   |
| <b>SHEET METAL</b>       | Print Name _____                                  | Signature _____  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____                               |  |   |
| CC# _____                | License #: _____                                  | Phone #: _____   |   |
| <b>FIRE SYSTEM/</b>      | Print Name _____                                  | Signature _____  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SPRINKLER</b>         | Company Name: _____                               |  |   |
| CC# _____                | License #: _____                                  | Phone #: _____   |   |
| <b>SOLAR</b>             | Print Name _____                                  | Signature _____  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____                               |  |   |
| CC# _____                | License #: _____                                  | Phone #: _____   |   |
| <b>STATE</b>             | Print Name _____                                  | Signature _____  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SPECIALTY</b>         | Company Name: _____                               |  |   |
| CC# _____                | License #: _____                                  | Phone #: _____   |   |