

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 63348 JOB NAME Angela Coppock Residence

**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 checked="" type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u>[Signature]</u> Company Name: <u>RBI Electrical Contracting, LLC</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>000811</u>	License #: <u>EC13004236</u> Phone #: <u>352-339-0369</u>	
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Jason Shadd</u> Signature <u>[Signature]</u> Company Name: <u>Shadd Heating and Air</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>003093</u>	License #: <u>CAC1817241</u> Phone #: <u>352-494-6839</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>James Butler</u> Signature <u>[Signature]</u> Company Name: <u>Butler Plumbing of Gainesville</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>000429</u>	License #: <u>CFC057960</u> Phone #: <u>352-472-3677</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>John Crawford</u> Signature <u>[Signature]</u> Company Name: <u>John F. Crawford Homes</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>003071</u>	License #: <u>CBC1264448</u> Phone #: <u>904-338-5683</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	License #: _____ Phone #: _____	