

SUBCONTRACTOR VERIFICATION

48127

Brewer New Construction

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 <input checked="" type="checkbox"/>	Print Name <u>Ryan Beville</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# <u>811</u>	Company Name: <u>RBI Electrical Contracting LLC</u> License #: <u>EC13004236</u> Phone #: <u>352-339-0369</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>James Bertie</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# <u>419</u>	Company Name: <u>Bertie Heating & Air Conditioning</u> License #: <u>CAC058522</u> Phone #: <u>352-331-2005</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>G. Marion McDilda</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# <u>1578</u>	Company Name: <u>Hogtowne Plumbing</u> License #: <u>CFC1427052</u> Phone #: <u>352-372-5725</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Bill Duffield</u> Signature <u>[Signature]</u>	Need Lic Lab W/C EX DE
CC# <u>443</u>	Company Name: <u>Duffield Home Improvements</u> License #: <u>CCC1325785</u> Phone #: <u>352-375-7008</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	