

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Capital Metal Supply-office

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"/> I' CC# 001057	Print Name <u>Ryan Felkhor</u> Company Name: <u>Felkhor Electric</u> License #: <u>EC13003153</u>	Signature <u>Ryan Felkhor</u> Phone #: <u>352.318.8796</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> I' CC# 00568	Print Name <u>David Hall</u> Company Name: <u>David Hall's AirCond + Heating Svc.</u> License #: <u>CAC057424</u>	Signature <u>David Hall</u> Phone #: <u>386.755.9792</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> I' CC# 000715	Print Name <u>Cody Barrs</u> Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u>	Signature <u>Cody Barrs</u> Phone #: <u>386.623.0509</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> I' CC# 001056	Print Name <u>Kevin Bedenbaugh</u> Company Name: <u>Plumblevel</u> License #: <u>CCC1330764</u>	Signature <u>Kevin Bedenbaugh</u> Phone #: <u>386.365.5264</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> I' CC#	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> I' CC#	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> I' CC#	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> I' CC#	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Ref: F.S. 440.103; ORD. 2016-30