

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54123 JOB NAME Brian Dicks

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 FELNOR</u> Signature <u>Ryan Felnor</u>	Need
		Company Name: <u>FELNOR ELECTRIC, INC</u>	<input type="checkbox"/> Lic
CC# <u>1057</u>		License #: <u>EC13003/53</u> Phone #: <u>352-318-8797</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
MECHANICAL/ A/C	<input type="checkbox"/>	Print Name _____ Signature _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
PLUMBING/ GAS	<input type="checkbox"/>	Print Name _____ Signatu. _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
ROOFING	<input checked="" type="checkbox"/>	Print Name <u>KEVIN BODENBANCIA 4</u> Signature <u>Kevin</u>	Need
		Company Name: <u>Plumb Level Construction</u>	<input type="checkbox"/> Lic
CC# <u>1056</u>		License #: <u>CCC1329482</u> Phone #: <u>386-365-5264</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SHEET METAL	<input type="checkbox"/>	Print Name _____ Signature _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	<input type="checkbox"/>	Print Name _____ Signature _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SOLAR	<input type="checkbox"/>	Print Name _____ Signature _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
STATE SPECIALTY	<input type="checkbox"/>	Print Name _____ Signature _____	Need
		Company Name: _____	<input type="checkbox"/> Lic
CC# _____		License #: _____ Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE