

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Michael Woods - Apartment/ Mother in Law Suite

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 type="checkbox"/>	Print Name <u>Ben Sparks</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing Line Electric</u> CC# <u>2146</u> License #: <u>EC13009101</u> Phone #: <u>786.761.0046</u>	Need Lic Liab W/C EX DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>Stephen Briggs</u> Signature <u>[Signature]</u> Company Name: <u>Epic AC</u> CC# <u>2090</u> License #: <u>CAC1819412</u> Phone #: <u>786.608.7107</u>	Need Lic Liab W/C EX DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>[Signature]</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing + Gas</u> CC# <u>0715</u> License #: <u>CFC1427145</u> Phone #: <u>786.752.8656</u>	Need Lic Liab W/C EX DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing, LLC</u> CC# <u>0813</u> License #: <u>CCC1328590</u> Phone #: <u>786.755.6489</u>	Need Lic Liab W/C EX DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE

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