

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Gonzalez Residence

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED


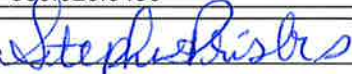

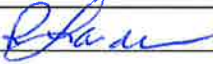
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Donald Davis</u> Signature <u></u> Company Name: <u>High Springs Electric</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>000380</u>	License #: <u>EC0002306</u> Phone #: <u>386.623.0499</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Stephen Brisbois</u> Signature <u></u> Company Name: <u>Epic Ac Service</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>002090</u>	License #: <u>CAC1819412</u> Phone #: <u>386.688.7707</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u></u> Company Name: <u>Barrs Plumbing Inc.</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>00715</u>	License #: <u>CFC1427145</u> Phone #: <u>386.752.8656</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Lavervure</u> Signature <u></u> Company Name: <u>RWL Roofing, 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>000813</u>	License #: <u>CCC1328590</u> Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ 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 #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ 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 #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ 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 #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ 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 #: _____	