SUBCONTRACTOR VERIFICATION

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APPLICATION/PERMIT #	JOB NAME	lodman	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 <u>REQUIRED</u> 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.

r	DocuSigned by:	
ELECTRICAL	Print Name_Ben Sparks Signature of Signature	Need Lic
ELECTRICAL	-44E01EA4CF28400	_ Liab
	Company Name: Line Electric	□ w/c
CC#_ 2148	License #:	I EX
	2 Briston	Need
MECHANICAL/	Print Name Stephan Brisbois Signat W Sh4174C945404	□ Lic
A/C	Company Name: Epic AC	□ Liab
CC#_ 2090	License #: CAC1819412 Phone #: p.386-688-7707	□ EX
CC#2030	- Decenging sylven	☐ DE
PLUMBING/	Print Name Cody Barr Signature Barrs	Need _ Lic
545	DC23BA864FD04F0	□ Liab
GAS	Company Name: Barrs Plumbing	= w/c
CC# 0715	License #: CFC1427145 Phone #: 386-752-8656	□ EX
		Need
ROOFING	Print Name Ralph Laverdure Signatu Signatu	= Uc
	Company Name: RWL Roofing	I Llab
	Company Name: NVE Rooming	= W/C
CC#_ 0813	License #: CCC1328590 Phone 386-623-0178	I EX
		Need
SHEET METAL	Print NameSignature	I Lic
	Company Name:	I Liab
l		□ EX
CC#	License #: Phone #:	_ DE
FIRE SYSTEM/	Print NameSignature	Need Lic
		Liab
SPRINKLER	Company Name:	= w/c
CC#	License#:Phone #:	□ DE
COLAR		Need
SOLAR	Print NameSignature	_ Lic _ Liab
	Company Name:	= w/c
CC#	License #: Phone #:	= EX
CC#	License #:Phone #:	□ DE Need
STATE	Print NameSignature	_ Lic
STATE	Fillit Name	□ Liab
SPECIALTY	Company Name:	= w/c
000	License #: Phone #:	□ EX
I CC#	License #: Phone #:	I - UE