

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Campbell 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.

<b>ELECTRICAL</b> <input checked="" type="checkbox"/>	Print Name <u>Ryan C. Berille</u> Signature <u>[Signature]</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>000811</u>	Company Name: <u>RBI Electrical Contracting Inc.</u> License #: <u>EC13004236</u> Phone #: <u>352.339.0369</u>	
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Chris Williams</u> Signature <u>[Signature]</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Country Comfort</u> License #: <u>CAC057795</u> Phone #: <u>100.386.397.573</u>	
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>BARRS, CODY</u> Signature <u>[Signature]</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>000715</u>	Company Name: <u>BARRS PLUMBING</u> License #: <u>CFC1427145</u> Phone #: <u>386.752.8656</u>	
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>TABITHA M SIBEL</u> Signature <u>[Signature]</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>001393</u>	Company Name: <u>RJH CONSTRUCTION</u> License #: <u>CCC1331967</u> Phone #: <u>386.935.6812</u>	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

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