

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # # 50200

JOB NAME Hicks

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	Print Name <u>Ryan Beville</u>	Signature <u>[Signature]</u>	Need
☐	Company Name: <u>RBI Electrical Contracting LLC</u>		☐ Lic
CC#	License #: <u>EC13004236</u>	Phone #: <u>(352) 514-3882</u>	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
MECHANICAL/A/C	Print Name <u>Robert Bounds</u>	Signature <u>[Signature]</u>	Need
☐	Company Name: <u>Bounds Heating & Air</u>		☐ Lic
CC#	License #: <u>CAC057642</u>	Phone #: <u>(352) 472-2761</u>	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
PLUMBING/GAS	Print Name <u>James Butler</u>	Signature <u>[Signature]</u>	Need
☐	Company Name: <u>Butler Plumbing of Gainesville</u>		☐ Lic
CC#	License #: <u>CFC057960</u>	Phone #: <u>(352) 472-3677</u>	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
ROOFING	Print Name <u>David Pabst</u>	Signature <u>[Signature]</u>	Need
☐	Company Name: <u>Whittle Roofing Company</u>		☐ Lic
CC#	License #: <u>CCC1326372</u>	Phone #: <u>(352) 472-2410</u>	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
SHEET METAL	Print Name _____	Signature _____	Need
☐	Company Name: _____		☐ Lic
CC#	License #: _____	Phone #: _____	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Need
☐	Company Name: _____		☐ Lic
CC#	License #: _____	Phone #: _____	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
SOLAR	Print Name _____	Signature _____	Need
☐	Company Name: _____		☐ Lic
CC#	License #: _____	Phone #: _____	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE
STATE SPECIALTY	Print Name _____	Signature _____	Need
☐	Company Name: _____		☐ Lic
CC#	License #: _____	Phone #: _____	☐ Sub
			☐ W/C
			☐ Ex
			☐ DE