

SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # _____

JOB NAME _____



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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.

(Dennis Conklin)

ELECTRICAL ☒	Print Name <u>Everton D. Ruddock</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>D & S Lighting & Electric</u> License #: <u>13003800</u> Phone #: <u>386-623-9055</u>	
MECHANICAL/A/C ☒	Print Name <u>Derrick L. Williams</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>D.L. Williams Heating & Cooling, LLC</u> License #: <u>CAC 1816913</u> Phone #: <u>386-754-1987</u>	
PLUMBING/GAS ☒	Print Name <u>Kenneth R. Roche</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Ken Roche Plumbing Inc.</u> License #: <u>CFC 1426527</u> Phone #: <u>386-755-9243</u>	
ROOFING ☒	Print Name <u>Trent Giebeig</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <u>Trent Giebeig Construction, Inc.</u> License #: <u>CRC 1330693</u> Phone #: <u>386-397-0545</u>	
SHEET METAL ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	