

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME Fort White - Bing, Mosley, Cannon

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 C. Beville</u> Signature <u>Ryan C. Beville</u> Company Name: <u>RAT Electrical Contracting, LLC</u> License #: <u>EC13004236</u> Phone #: <u>352-514-0428</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☒	Print Name <u>Donald R. Davis</u> Signature <u>See attached</u> Company Name: <u>High Springs Electric and Air, Inc</u> License #: <u>CAC1815367</u> Phone #: <u>386-623-0499</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☒	Print Name <u>Brent Taylor McCall</u> Signature <u>See attached</u> Company Name: <u>Suwannee Valley Plumbing, LLC</u> License #: <u>CFC1432405</u> Phone #: <u>386-688-2030</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____	Need ☐ Lic ☐ Liab

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CC# _____	Company Name: <i>See attached</i>	Phone #: _____	
MECHANICAL/A/C ☒	Print Name <i>Donald R. Davis</i>	Signature <i>Donald R. Davis</i>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <i>High Springs Electric and Air, Inc</i>	Phone #: <i>352-623-0499</i>	
PLUMBING/GAS ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: <i>See attached</i>	Phone #: _____	
ROOFING ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____	Phone #: _____	
SHEET METAL <i>NA</i> ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____	Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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SOLAR ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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MECHANICAL/ A/C ☐	Print Name _____ Signature _____ Company Name: <i>See attached</i> License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS-FIT. ☒	Print Name <i>Brent Taylor McCall</i> Signature <i>BT</i> Company Name: <i>Suwannee Valley Plumbing, LLC</i> License #: <i>CFC1432405</i> Phone #: <i>386-688-2630</i>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
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