

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Deen 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.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Ryan Bealle</u> Signature <u>[Signature]</u> Company Name: <u>RBE electrical Contracting</u> License #: <u>EC 1300 4236</u> Phone #: <u>352-514-0428</u>	Need Lic Liab W/C EX DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Bobby A. Mobley</u> Signature <u>[Signature]</u> Company Name: <u>Elite Crew Services, LLC</u> License #: <u>CPC1820702</u> Phone #: <u>786-742-4724</u>	Need Lic Liab W/C EX DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Robert Faulkner</u> Signature <u>[Signature]</u> Company Name: <u>Premier Plumbing & Leak Detection</u> License #: <u>CFC1426552</u> Phone #: <u>352 278 6737</u>	Need Lic Liab W/C EX DE
ROOFING <input type="checkbox"/>	Print Name <u>Christopher Parrish</u> Signature <u>[Signature]</u> Company Name: <u>Parrish Builders Group</u> License #: <u>CCC1335124</u> Phone #: <u>352-275-2688</u>	Need Lic Liab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE