

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 50208 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.

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