

# SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

## 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>

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Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	CC# _____	Print Name <u>Kenneth Ault</u> Signature <u>[Signature]</u> Company Name: <u>Kenneth Edward Ault Plumbing Inc.</u> License #: <u>CFC1429807</u> Phone #: <u>386-697-3856</u>	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u>	<b>Need</b> Lic Lab W/C EX DE
CC# <u>811</u>	Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	
<b>MECHANICAL/ A/C</b> <input type="checkbox"/>	Print Name <u>Bryan Bounds</u> Signature <u>[Signature]</u>	<b>Need</b> Lic Lab W/C EX DE
CC# <u>1317</u>	Company Name: <u>Bounds Heating &amp; Cooling</u> License #: <u>CAC1815198</u> Phone #: <u>352-472-2761</u>	
<b>PLUMBING/ GAS</b> <input type="checkbox"/>	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u>	<b>Need</b> Lic Lab W/C EX DE
CC# <u>623</u>	Company Name: <u>Express Plumbing</u> License #: <u>CFC1428040</u> Phone #: <u>386-867-0269</u>	
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>[Signature]</u> Signature <u>[Signature]</u>	<b>Need</b> Lic Lab W/C EX DE
CC# <u>1129</u>	Company Name: <u>Mac Johnson Roofing</u> License #: <u>CC1325497</u> Phone #: _____	
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____	<b>Need</b> Lic Lab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

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CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>MECHANICAL/A/C</b> X =	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u>	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: <u>Epic A/C Service</u>	
	License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	
<b>PLUMBING/GAS</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>ROOFING</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>SHEET METAL</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>FIRE SYSTEM/SPRINKLER</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>SOLAR</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
<b>STATE SPECIALTY</b> =	Print Name _____ Signature _____	<b>Need</b> = Lic = Liab = W/C = EX = DE
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<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> License #: <u>CCC 1328590</u> Phone #: <u>386-623-0178</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
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<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE